# Faculty Physicians

2324 North Brunswick Court  
Phone: 6155429672  
NPI: 1234894920 | TIN: 123452352

## Pre-Determination Letter

Date: 9/17/2025  
Patient: Tim Meredith  
MRN: N/A  
DOB: 1991-04-30

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[Faculty Physicians Letterhead]
Faculty Physicians
2324 North Brunswick Court
NPI: 1234894920
TIN: 123452352
Phone: 615-542-9672
Cahaba GBA (MAC J-6)

[Date: September 16, 2025]

[Patient Name]
Tim Meredith
[Date of Birth: April 30, 1991]

Subject: Pre-Determination of Medical Necessity for Wound Treatment

Dear [Recipient's Name],

We are writing to provide a Pre-Determination of medical necessity for Mr. Tim Meredith, who has been diagnosed with a chronic venous leg ulcer (VLU). This letter outlines the clinical rationale for the requested treatment based on the eligibility analysis conducted in accordance with the Local Coverage Determination (LCD) criteria.

\*\*Patient Clinical Summary:\*\*
- \*\*Diagnosis:\*\* Chronic venous leg ulcer present for 12 weeks.
- \*\*Duration Requirement:\*\* The ulcer has been present for more than 30 days, meeting the duration criteria for treatment.
- \*\*Healing Progress:\*\* The wound has shown inadequate healing progress of less than 15% over the past 4 weeks, despite appropriate conservative care measures.
- \*\*Wound Characteristics:\*\* The ulcer presents with a clean wound bed, minimal exudate, and adequate vascular supply (ABI of 0.9).
- \*\*Patient Compliance:\*\* Mr. Meredith has been compliant with the prescribed multi-layer compression therapy and has undergone weekly debridement.

\*\*Conservative Care Documentation:\*\*
Mr. Meredith has received optimal conservative care, which includes:
- Multi-layer compression therapy.
- Weekly debridement sessions.
- Previous treatments that have failed include 4-layer compression bandaging, enzymatic debridement, hydrocolloid, and foam dressings.

\*\*Rationale for Medical Necessity:\*\*
According to the LCD titled "Cellular and Tissue-Based Products for Wound Treatment" (Effective Date: December 15, 2024), the criteria for medical necessity include:
- Evidence of a chronic wound that has not progressed in healing despite conservative treatment.
- Documentation of the wound characteristics and patient compliance with treatment protocols.

Given Mr. Meredith's clinical presentation and treatment history, we believe that the requested treatment is medically necessary and aligns with the established criteria.

\*\*Citations:\*\*
- [Cellular and Tissue-Based Products for Wound Treatment](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39765) - Medical Necessity Criteria

We appreciate your attention to this matter and look forward to your prompt response regarding the Pre-Determination of medical necessity for Mr. Meredith's treatment. Should you require any further information or documentation, please do not hesitate to contact our office.

Sincerely,

[Your Name]
[Your Title]
Faculty Physicians
Phone: 615-542-9672
Email: [Your Email Address]
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### Citations and References:

• Cellular and Tissue-Based Products for Wound Treatment  
 https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39765  
 Effective Date: 2024-12-15

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