

SAMPLE AMNIOEXCEL® PREAUTHORIZATION LETTER

Date)

(Name)

(Insurance Company Name)

(Address)

(City, State ZIP)

Re: (Patient's Name)

(ID #)

(Group number/Policy number)

Letter of medical necessity

Dear (Name of contact person at insurance company),

This letter is to notify you of my recommended treatment plan for (patient's name). I am intending to use AMNIOEXCEL® for the treatment of <state type of wound>. Please consider the patient's medical history and render individual consideration for benefits for the coverage of AMNIOEXCEL.

(Patient's name) will be treated with AMNIOEXCEL® on (date). Currently I believe that (patient's name) will significantly benefit from the use of AMNIOEXCEL® because AMNIOEXCEL® is an allograft tissue derived from human amnion. This fully resorbable extracellular membrane provides a scaffold for tissue repair and remodeling. The extracellular matrix composition of collagen, elastin, fibronectin and proteoglycans provides a natural scaffold to facilitate cellular adhesion while assisting cellular migration and proliferation.

**Amniotic tissue is a natural alternative** to xenograft, cadaveric and synthetic products and provides **a tissue from live, consenting donors** to advance wound care. Immune privileged material minimizes immune response and reduces potential for graft / host rejection. DryFlex® Technology renders a flexible, easily handled membrane that adheres to the wound bed due to its hydrophilic nature.

INSERT MEDICAL HISTORY including the following:

- initial date of treatment and subsequent dates
- size (width, length depth) of wound, location of wound, type of wound at each treatment
- method of offloading
- comorbid conditions including Type 1 or type 2 diabetes
- previous failed treatments including use of moist wound healing for at least 3-4 weeks (dependent upon payor requirements), infection control, debridement (to what level),
- smoking cessation, or counseling (documented)
- description of granulation and epithelialization tissue or progress towards healing
- documentation of adequate circulation as evidenced by physical examination (e.g., Ankle-Brachial Index)
- in the case of venous leg ulcers: documentation of standard therapeutic compression and venous insufficiency

Attempts at other treatments have failed to produce healing results. Since the application of AMNIOEXCEL®, the following progress has been documented:

- size (width, length depth) of wound, location of wound, type of wound at each treatment
- description of granulation and epithelialization tissue or progress towards healing

Should you require additional information, please do not hesitate to contact (provider's name) at (phone number). I will look forward to your approval in the near future.

Sincerely,  
(provider name)