Letter of Medical Necessity for Pregestimil®

Date: _____ Insurance Company: _____ Member ID: _____

Patient Full Name: _____ DOB: _____

Medical Condition: ICD-10: _____ CPT/HCPCS Code: B4161

To Whom It May Concern:

(Insert Patient's Full Name) , age XX years, height (cm) XX , weight (kg) XX , is followed by (Insert Physician's Full Name) at the (Insert Clinic Name) , (Insert Clinic Department) for (Insert Condition/Disorder Name) , ICD-10: XX-XXX. (Brief sentence of the condition/disorder) . The purpose of this letter is to explain the medical necessity of (Insert Condition/Disorder Name) and the medical food Pregestimil (HCPCS Code B4161) treatment request for insurance coverage.

(Insert Condition/Disorder Name) is:

(Enter a brief description of the condition)

Treatment for (Insert Condition/Disorder Name) involves a strict dietary management. (Insert Patient's Full Name) is currently prescribed Pregestimil (product of Mead Johnson & Company, LLC), a medical food formulated for infants who experience fat malabsorption and who may also be sensitive to intact proteins. The prescribed medical food is imperative in the treatment of (Insert Patient's First Name) condition. Pregestimil is medically necessary to ensure that she/he maintains (Enter Primary Reason) .

(Insert Patient's Full Name) will require XX kcal per day or XX oz per day of Pregestimil. It is designed to provide a major source of nutrition for our patient. The use of Pregestimil in our patient's diet could make a significant contribution to maintenance of good nutrition. The fat blend in Pregestimil consists mostly of a special type of fat called MCT (Medium Chain Triglyceride) oil, which is digested and absorbed more easily than other fats by infants with fat malabsorption. Pregestimil provides complete, balanced nutrition for infants and may be the **sole source of nutrition** for up to 6 months of age and a **major source** of nutrition through the first year of age.

Also, Pregestimil has DHA and ARA, nutrients also found in breast milk that promote brain and eye development.

To date, our patient (Insert Patient's Full Name) has failed to tolerate cow's milk- and soy-based and/or protein hydrolysate formula. Therefore, we have prescribed Pregestimil as our patient's medical formula, which is medically necessary to provide the proper medical nutrition management.

Our patient is unable to ingest a normal diet or other hypoallergenic formulas. <u>If our patient is untreated</u> for (Insert Condition/Disorder Name) , it would severely damage her/his health and fail to comply with diet restrictions; without the use of Pregestimil medical food, our patient may experience **<u>severe health complications</u>**, which can result in hospitalizations and/or costly parenteral nutrition.

It is essential to note that, without our patient's medical food, it would be impossible to prevent chronic and severe hunger and fail to comply with diet restrictions. Pregestimil is recommended for 0 - 12 months of age

In summary, (Insert Patient's Full Name) is in need of Pregestimil, HCPCS Code B4161, medical formula for the treatment of (Insert Condition/Disorder Name) , ICD-10: XX-XXX. We appreciate your attention to this request for Pregestimil medical food/enteral nutrition formula to be covered by her/his current medical insurance.

Your authorization of this prescribed order will provide our patient the treatment needed to improve her/his overall health, growing nourishment needs, and medical condition.

If you have further questions, please do not hesitate to contact us at 000-000-0000 .

Sincerely,

(Insert Physician's Printed Name, MD)

(Insert Physician's Phone Number)

Cc: (Dietitian Name, RD)

** Clinicals are attached for supporting information **