

Letter of Medical Necessity for Pregestimil®

Date: _____

Patient's Full Name: _____ DOB: _____

Length: _____ Weight: _____

Insurance Company: _____ Member ID: _____

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

(see reverse side for reference on ICD-10 Codes)

To Whom It May Concern:

The purpose of this letter is to request coverage for a specialized infant formula, for my patient _____ (patient name).

As their _____ (title/position), I have been overseeing the care of this patient since _____ (date).

They have been diagnosed with _____ (medical condition) necessitating the use of this specialized product due to

_____. (patient symptoms) This specialized product is vital for this patient's needs and health.

I kindly request that _____ (insurance company) promptly reviews and approves coverage for Pregestimil for _____ (patient name).

Ensuring timely access to these nutritional interventions is crucial for _____ (patient name) growth, development, and overall well-being.

Pregestimil is a hypoallergenic formula with MCT oil for infants with fat malabsorption or who may be sensitive to intact proteins. Fat malabsorption may be associated with short bowel syndrome, intractable diarrhea, and severe protein calorie malnutrition. Pregestimil provides complete 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 12 months of age.

This patient will require _____ kcal per day or _____ oz per day of Pregestimil.

Attached you will find supporting medical documentation. I am available for any additional information or clarification.

Thank you for your prompt attention to this matter. I appreciate your cooperation in ensuring _____ (patient name) receives the necessary nutritional support.

Sincerely,

(Print physician name)		(Physician signature)	
(Medical facility name)			
(Address)			
(City)		(State)	(ZIP)



Select Patient Diagnosis ICD-10 Codes for Pregestimil® for WIC®* and Insurance

PATIENT DIAGNOSIS	ICD-10 CODE	Z-CODE
ALLERGY/DIGESTIVE		
Anaphylaxis, due to food	T78.0	
Food Protein Induced Enterocolitis (FPIES)	K52.22	
Intestinal malabsorption	E70.0	
Short bowel syndrome	K90.82	

This list is provided as a resource and may not contain all possible ICD-10 codes.
Consult the ICD-10 for Mortality and Morbidity Statistics or your hospital's preferred resource list for more information.

* WIC is a registered trademark of the United States Department of Agriculture (USDA) for the Women, Infants, and Children Program. No endorsement of any brand or product by the USDA is implied or intended.