

# Letter of Medical Necessity for PurAmino™ Jr

Date: \_\_\_\_\_

Patient's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Length/Height: \_\_\_\_\_ 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 child 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 PurAmino Jr for \_\_\_\_\_ (patient name).

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

PurAmino Jr is a 30 Cal/fl oz, nutritionally complete,\* hypoallergenic, amino acid-based medical food for children ages 1 and up.† It is indicated for use with severe cow's milk protein allergy, multiple food protein allergies, and conditions requiring an elemental diet, such as protein maldigestion, malabsorption, short bowel syndrome, food protein-induced enterocolitis syndrome (FPIES), and eosinophilic esophagitis (EoE). Appropriate for both oral and tube feeding, PurAmino Jr is a nutritionally complete formula that can be can be a major source of nutrition.

This patient will require \_\_\_\_\_ kcal per day or \_\_\_\_\_ oz per day of PurAmino Jr.

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,

<b>(Print physician name)</b>		<b>(Physician signature)</b>	
<b>(Medical facility name)</b>			
<b>(Address)</b>			
<b>(City)</b>	<b>(State)</b>	<b>(ZIP)</b>	

\* Dietary reference intakes include a recommendation for fiber for >12 months of age.  
† PurAmino™ Jr is nutritionally complete for ages 1 to 13 and suitable for ages 14 to 18 with appropriate dietary adjustments as recommended by healthcare professionals.

# Select Patient Diagnosis ICD-10 Codes for PurAmino™ Jr for WIC®\* and Insurance

PATIENT DIAGNOSIS	ICD-10 CODE	Z-CODE	
<b>ALLERGY/DIGESTIVE</b>			
Allergic rhinitis due to food allergy	J30.5		
Allergic gastroenteritis and colitis (add "Z" code signifying allergen)	K52.2	Allergy to peanuts	Z91.010
		Allergy to milk products	Z91.011
		Allergy to eggs	Z91.012
		Allergy to seafood	Z91.013
		Other food allergies	Z91.018
Other allergic and dietetic gastroenteritis	K52.29		
Bloody stool(s) (newborn)	P54.1		
Bloody stool(s) (non-newborn)	K92.1		
Developmental delay	R62.50		
Failure to thrive (newborn)	P92.6		
Failure to thrive (child)	R62.51		
Food allergy	T78.40XA		
Eosinophilia	D72.10		
Eosinophilic esophagitis (EoE)	K20.0		
Eosinophilic gastritis or gastroenteritis	K52.81		
Eosinophilic colitis	K52.82		
Malabsorption due to intolerance	K90.4		
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.