

Letter of Medical Necessity for Nutramigen® with Probiotic LGG®

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 Nutramigen with Probiotic LGG for _____ (patient name).

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

Nutramigen with Probiotic LGG is a 20 Cal/fl oz hypoallergenic formula with extensively hydrolyzed protein and LGG probiotic for children with food allergies, including cow's milk allergy. Nutramigen with Probiotic LGG is a nutritionally complete formula that can be an infant's 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 Nutramigen with Probiotic LGG.

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 Nutramigen®

for WIC®* and Insurance

| PATIENT DIAGNOSIS | ICD-10 CODE | Z-CODE | |
|--|-------------|------------------------------------|---------|
| ALLERGY/DIGESTIVE | | | |
| 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 |
| Allergic rhinitis due to food allergy | J30.5 | | |
| Colic | R10.83 | | |
| Other allergic and dietetic gastroenteritis | K52.29 | | |
| Anaphylaxis, due to food | T78.0 | | |
| Atopic dermatitis due to food allergy | L27.2 | | |
| 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 | | |
| Gastroesophageal reflux disease (GERD) | K21.9 | | |
| Underweight (add "Z" code for weight percentile) | R63.6 | <5th percentile | Z68.51 |
| | | 5th percentile to <85th percentile | Z68.52 |
| | | 85th percentile to 95th percentile | Z68.53 |
| | | >95th percentile for age | Z68.54 |

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.

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