

Letter of Medical Necessity for PurAmino™

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 PurAmino for _____ (patient name).

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

PurAmino is a 20 cal/fl oz, hypoallergenic amino acid-based formula for infants with severe cow's milk protein allergy and multiple food allergies or elemental diet needs such as fat malabsorption, multiple food protein allergies, food protein-induced enterocolitis syndrome (FPIES), eosinophilic esophagitis (EoE),* and short bowel syndrome. Appropriate for both oral and tube feeding. PurAmino is a nutritionally complete formula that can be a sole source of nutrition up to age 6 months or a major source of nutrition through 24 months of age.

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

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)	

* EoE is the most common type of eosinophilic gastrointestinal disorders (EGID).

Select Patient Diagnosis ICD-10 Codes for PurAmino™

for WIC®* and Insurance

PATIENT DIAGNOSIS	ICD-10 CODE	Z-CODE	
ALLERGY/DIGESTIVE			
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.

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