

Letter of Medical Necessity for Nutramigen® with Probiotic LGG® Toddler

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 toddler 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 Toddler 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 Toddler is a 20 cal/fl oz, hypoallergenic toddler formula with extensively hydrolyzed protein and LGG probiotic for children with food allergies, including cow's milk allergy. Nutramigen with Probiotic LGG Toddler is a nutritionally complete formula that is a major source of nutrition from 9 months to 3 years of age.

This patient will require _____ kcal per day or _____ oz per day of Nutramigen with Probiotic LGG Toddler.

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® Toddler 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.

* 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.