

Letter of Medical Necessity for PurAmino™ Jr

Date: _____ Insurance Company: _____ Member ID: _____

Patient Full Name: _____ DOB: _____

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

To Whom It May Concern:

at the , age years, height (cm) , weight (kg) , is followed by
necessity of , for , ICD-10: . The purpose of this letter is to explain the medical
is: and the medical food PurAmino Jr (HCPCS Code B4161) treatment request for insurance coverage.

Treatment for involves strict dietary management. is currently prescribed PurAmino Jr (product of Mead Johnson & Company, LLC), a medical food formulated as a hypoallergenic formula based on amino acids to meet the specialized nutrient needs of our patients with fed orally or enterally. The prescribed medical food is imperative in the treatment of condition. PurAmino Jr is medically necessary to ensure that maintains

will require kcal per day or oz per day of PurAmino Jr. It is designed to provide a major source of nutrition for our patient. The use of PurAmino Jr in our patient's diet could make a significant contribution to maintenance of good nutrition. It is composed of 100% free amino acids, lactose-free, and does not have ingredients that are known sources of gluten. PurAmino Jr is a nutritionally complete formula that can be a **major source of nutrition** for our patient.

If our patient is untreated for , it would severely damage health and fail to comply with diet restrictions; without the use of PurAmino Jr, a hypoallergenic, amino acid-based medical food, our patient may experience **severe health complications**, which can result in hospitalizations and/or costly parenteral nutrition.

It is essential to note that, without our patient's medical food, it would be impossible to prevent chronic and severe hunger and fail to comply with diet restrictions. PurAmino Jr is recommended for 12 months of age and up.

In summary, is in need of PurAmino Jr HCPCS Code B4161, medical formula for the treatment of , ICD-10: . We appreciate your attention to this request for PurAmino Jr medical food/enteral nutrition formula to be covered by current medical insurance.

Your authorization of this prescribed order will provide our patient the treatment needed to improve overall health, growing nourishment needs, and medical condition.

If you have further questions, please do not hesitate to contact us at .

Sincerely,

Letter of Medical Necessity for PurAmino™ DHA & ARA Hypoallergenic Infant Formula

Date: _____ Insurance Company: _____ Member ID: _____

Patient Full Name: _____ DOB: _____

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

To Whom It May Concern:

at the , age years, height (cm) , weight (kg) , is followed by for , ICD-10: . The purpose of this letter is to explain the medical necessity of treatment request for insurance coverage. and the medical food PurAmino Infant DHA & ARA Hypoallergenic formula (HCPCS Code B4161) is: .

Treatment for involves a strict dietary management. is currently prescribed PurAmino Infant DHA & ARA Hypoallergenic formula (product of Mead Johnson & Company, LLC), a medical food formulated as a hypoallergenic formula based on amino acids to meet the specialized nutrient needs of our patients with fed orally or enterally. The prescribed medical food is imperative in the treatment of condition. PurAmino Infant DHA & ARA Hypoallergenic formula is medically necessary to ensure that maintains .

will require kcal per day or oz per day of PurAmino Infant DHA & ARA Hypoallergenic formula. It is designed to provide a major source of nutrition for our patient. The use of PurAmino Infant DHA & ARA Hypoallergenic formula in our patient's diet could make a significant contribution to maintenance of good nutrition. It is composed of 100% free amino acids, lactose-free, and does not have ingredients that are known sources of gluten.

PurAmino Infant DHA & ARA Hypoallergenic formula 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 24 months of age.

Our patient is unable to ingest a normal diet or other hypoallergenic formulas. If our patient is untreated for it would severely damage health and fail to comply with diet restrictions; without the use of PurAmino Infant DHA & ARA Hypoallergenic formula, amino acid-based medical food, our patient may experience severe health complications, which can result in hospitalizations and/or costly parenteral nutrition.

It is essential to note that, without our patient's medical food, it would be impossible to prevent chronic and severe hunger and fail to comply with diet restrictions. PurAmino Infant DHA & ARA Hypoallergenic formula is recommended for 0 - 24 months of age.

In summary, is in need of PurAmino Infant DHA & ARA Hypoallergenic formula, HCPCS Code B4161, medical formula for the treatment of , ICD-10: . We appreciate your attention to this request for PurAmino Infant DHA & ARA Hypoallergenic formula medical food/enteral nutrition formula to be covered by current medical insurance.

Your authorization of this prescribed order will provide our patient the treatment needed to improve overall health, growing nourishment needs, and medical condition.

If you have further questions, please do not hesitate to contact us at .

Sincerely,