

Letter of Medical Necessity for Nutramigen® with Enflora™ LGG®

Date: _____ Insurance Company: _____ Member ID: _____

Patient Full Name: _____ DOB: _____

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

To Whom It May Concern:

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

is:

Treatment for _____ involves a strict dietary management. _____ is currently
prescribed Nutramigen with Enflora LGG (product of Mead Johnson & Company, LLC), a medical food formulated as a hypoallergenic formula based on
extensively hydrolyzed casein protein 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. Nutramigen with Enflora LGG is
medically necessary to ensure that _____ maintains _____ .

_____ will require _____ kcal per day or _____ oz per day of Nutramigen with Enflora LGG. It is designed to provide a
major source of nutrition for our patient. The use of Nutramigen with Enflora LGG in our patient's diet could make a significant contribution to maintenance of
good nutrition. It is composed of extensively hydrolyzed casein protein and the probiotic branded LGG. Nutramigen with Enflora 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 24 months of age for our patient.

Also, Nutramigen with Enflora LGG is clinically shown to reduce the chance of other allergies, including asthma and eczema as they grow.

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 Nutramigen with Enflora LGG, a hypoallergenic,
medical formula, 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. Nutramigen with Enflora LGG is recommended for 0 - 12 months of age.

In summary, _____ is in need of Nutramigen with Enflora LGG, HCPCS Code B4161, medical formula for the
treatment of _____ , ICD-10: _____ . We appreciate your attention to this request for Nutramigen with
Enflora LGG 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,