

Letter of Medical Necessity for Enfamil NeuroPro™ EnfaCare® Formula for Babies Born Prematurely

Date: _____ Insurance Company: _____ Member ID: _____

Patient Full Name: _____ DOB: _____

Medical Condition: ICD-10: _____ CPT/HCPCS Code: B4160

To Whom It May Concern:

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

is:

Treatment for _____ involves a strict dietary management. _____ is currently prescribed Enfamil NeuroPro EnfaCare (product of Mead Johnson & Company, LLC), a medical food formulated as an iron-fortified, post-discharge formula that has enriched nutrition to meet the specialized nutrient needs of our patients _____ fed orally or enterally. The prescribed medical food is imperative in the treatment of _____ condition. Enfamil NeuroPro EnfaCare is medically necessary to ensure that _____ maintains _____ .

_____ will require _____ kcal per day or _____ oz per day of Enfamil NeuroPro EnfaCare. It is designed to provide a major source of nutrition for our patient. The use of Enfamil NeuroPro EnfaCare in our patient's diet could make a significant contribution to maintenance of good nutrition. It is milk-based, 22 Cal/fl oz, and is iron-fortified. Enfamil NeuroPro EnfaCare is a nutritionally complete formula that can be an infant's **sole source of nutrition** for up to 9 months of age.

Since our patient, _____ , was born prematurely, we have prescribed Enfamil NeuroPro EnfaCare as our patient's medical formula, which has demonstrated to help promote catch-up growth and provides enriched nutrition to meet the needs of premature infants transitioning to home.

Our patient requires increased caloric density, protein, and other vitamins and minerals that standard term formulas do not provide. If our patient is untreated for _____ , it would severely damage _____ health and fail to comply with diet restrictions; without the use of Enfamil NeuroPro EnfaCare medical food, our patient may experience **severe health complications**, which can result in hospitalizations and/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 dietary needs. Enfamil NeuroPro EnfaCare is recommended for 0 - 9 months of age.

In summary, _____ is in need of Enfamil NeuroPro EnfaCare, HCPCS Code B4160, medical formula for the treatment of _____ , ICD-10: _____ . We appreciate your attention to this request for Enfamil NeuroPro EnfaCare 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,