

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
(Insert patient's full name)

_____, at the _____
(Insert physician's full name) (Insert clinic name)

_____ for _____, ICD-10 _____
(Insert clinic department) (Insert condition/disorder name)

(Brief sentence of the condition/disorder)

The purpose of this letter is to explain the medical necessity of _____ and the medical food Enfamil NeuroPro EnfaCare (HCPCS Code B4161)
(Insert condition/disorder name)

treatment request for insurance coverage

_____ is _____
(Insert condition/disorder name) (Insert brief description of the condition)

Treatment for _____ involves a strict dietary management. _____ is
(Insert condition/disorder name) (Insert patient's full name)

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 with _____ fed orally or enterally.
(Insert condition/disorder name)

The prescribed medical food is imperative in the treatment of _____ condition. Enfamil NeuroPro EnfaCare is medically necessary to ensure that she/he
(Insert patient's first name)

maintains _____
(Enter primary reason)

_____ will require _____ kcal per day or _____ oz per day of Enfamil NeuroPro EnfaCare. It is
(Insert patient's full name)

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
(Insert patient's full name)

formula, which has demonstrated to help promote catch-up growth and provides enriched nutrition to meet the needs of premature infants transitioning to home.

* HCPCS application in progress.

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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 his/her health and fail to comply with diet restrictions; without the use of Enfamil NeuroPro (Insert condition/disorder name)

EnfaCare medical food, our patient may experience **severe health complications**, which can result in hospitalizations and/costly parenteral nutrition.

In summary _____ is in need of Enfamil NeuroPro EnfaCare, (HCPCS Code B4160), medical formula for the treatment (Insert patient's full name)

of _____, ICD-10: _____ We appreciate your attention to this request for Enfamil NeuroPro EnfaCare medical food/enteral (Insert condition/disorder name)

nutrition formula to be covered by his/her current medical insurance.

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

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

Sincerely,

(Insert Physician's Printed Name, MD)

(Insert Physician's Phone Number)

Cc: _____
(Insert Dietitian Name, RD)