***Similac® Alimentum®* Sample Letter of Medical Necessity**

(Insert Provider Letterhead and Address)

(Date)

(Health Insurance Plan Contact)

(Title)

(Name of Health Insurance Plan)

(Address)

(City, State, Zip)

Insured: (Name)

Policy Number: (Number)

Group Number: (Number)

Dear (Name of Contact)

I am requesting insurance coverage and reimbursement of *Similac Alimentum* for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­.

(patient’s name)

The use of a hypoallergenic formula such as *Similac Alimentum*is a key component of the medical management for this patient.

Patient Information (to be completed by the physician)

• PATIENT’S NAME

• DOB

• CURRENT WEIGHT

• CURRENT LENGTH

• # OF MONTHS/YEARS UNDER MY CARE

• DIAGNOSIS

• OTHER (if applicable)

Based on my patient’s current medical condition, I am prescribing \_\_\_\_\_\_\_\_\_ calories and \_\_\_\_\_\_ oz/mL per day of *Similac Alimentum*.

*Similac Alimentum* is a 20 Cal/fl oz, nutritionally complete, hypoallergenic formula for infants, including those with food allergies or colic symptoms due to protein sensitivity.

The hydrolyzed casein in *Similac Alimentum* is for infants who are sensitive to or unable to tolerate intact protein. The fat blend in *Similac Alimentum* is made with approximately 33% medium chain triglycerides, an easily digested and readily absorbed fat source.

I am prescribing *Similac Alimentum* to meet the dietary needs of my patient with the following conditions:

* Allergy to Other Foods (Z91.018)
* Allergy to milk products (Z91.011)
* Dermatitis due to Ingested Food (L27.2)
* Lactose Intolerance, Unspecified (E73.9)
* Food protein-induced enterocolitis syndrome (K52.21)
* Allergic and dietetic gastroenteritis and colitis (K52.2)
	+ Food protein-induced enterocolitis syndrome (K52.21)
	+ Food protein-induced enteropathy (K52.22)
	+ Other allergic and dietetic gastroenteritis and colitis (K52.29)
* Malabsorption due to intolerance, not elsewhere classified (K90.49)
* Other

The HCPCS code for *Similac Alimentum* is B4161. Your approval of this request for coverage and reimbursement will make a significant difference in the health of this patient.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Physician’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Physician’s Printed Name)

**Enclosure(s): Prescription, Doctor’s Notes and Reports, Growth Chart, etc**

This letter is intended to be used as a template and customized by the physician for each patient. The list of diagnoses and ICD-10 codes contained in this letter is not all-inclusive. Each healthcare provider is ultimately responsible for verifying codes, coverage, and payment policies used to ensure that they are accurate for the services and items provided. Providers should consult with the insurance plan for complete and accurate details concerning documentation for claims. Abbott Nutrition does not guarantee reimbursement by any third-party insurance plan and will not reimburse physicians or providers for claims denied by third-party insurance plans.

Source of ICD-10 codes: <https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx>

***Product and Coding Information for Similac Alimentum***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product** | **Packaging** | **Calories per Container** | **NDC-format Code\*** | **HCPCS Code** |
| *Similac Alimentum*  | 24 – 237mL Ready to Feed Cans | 160 per Can | 70074-0575-09 | B4161 |
| *Similac Alimentum*  | 6 – 946mL Ready to Feed Bottles | 640 per Bottle | 70074-0575-13 | B4161 |
| *Similac Alimentum*  | 48 - 59mL Ready to Feed Bottles | 40 per Bottle | 70074-0111-30 | B4161 |
| *Similac Alimentum*  | 6 – 343 g Powder Cans | 1740 per Can | 70074-0647-12 | B4161 |

\*Abbott Nutrition does not represent these codes to be actual National Drug Codes (NDCs). NDC-format codes are product codes adjusted according to standard industry practice to meet the format requirements of pharmacy and health insurance systems.