

Statement of Medical Necessity/Prior Authorization Request

Date:

Insurance Company
Address

Patient Name:
DOB:
Medical Condition:

Insurance ID #:
Subscriber:

To Whom It May Concern:

[Patient's full name and age] who is being followed by **[physician's name and organization]**. Newborn screening indicated **[metabolic disease and brief description of what the disease is]**.

Clinically, untreated patients have **[list condition that can result if untreated]**.

Fortunately, this was detected in the newborn period and has been treated since that time. This involves a diet that is very low in protein to limit the intake of **[appropriate amino acid]**. The amount of protein tolerated while limiting the **[appropriate amino acid]** is insufficient for growth. As a result, special formulas have been devised which are essentially complete in terms of nutrition, except that the **[appropriate amino acid]** has been eliminated. Thus, the child receives a special formula together with very limited amounts of low protein foods. In **[patient's name]** case, the specific formula is **[name of required formula and manufacturer of the formula]**.

[Patient's name] requires **[prescribed amount]**.

In addition to formula, **[patient's name]** tolerance for protein in **[his/her]** food is extremely low. This means that much of her food must be provided as specially manufactured food products modified to be low in protein. These include pastas, rice, flour for baking etc. All of which have a fraction of the protein of the comparable natural foods. It is essential to note that without these foods, it would be impossible to prevent chronic and severe hunger. The **[appropriate state]** Legislature has recognized the importance of these foods to children with **[name of inherited metabolic disorder]** and has passed a law mandating coverage of the cost of these products to the maximum amount of formula needed and a maximum of **[dollar amount/child/year for low protein foods]**.

In summary, **[patient's name]** is in need of these modified low protein foods, in addition to his special formula to manage this disease. **[Patient's name]** has led a healthy life thus far. Continued careful therapy will assure that this continues to be the case.

Sincerely,

[Physician's Name]