Date: [Date]

To: [Insurance Company Name]
Attention: [Claims/Appeals Department]
Address: [Insurance Company Address]

Patient Name: [Patient Name]
Date of Birth: [Date of Birth]
Policy Number: [Policy Number]
Group Number: [Group Number]

Subject: Letter of Medical Necessity for Medical Nutrition Therapy for Phenylketonuria (PKU)

To Whom It May Concern,

I am writing to provide a formal letter of medical necessity for [Patient Name], who is under my care for the management of Phenylketonuria (PKU) (ICD-10 Code: E70.0).

PKU is a rare inherited metabolic disorder characterized by the inability to metabolize the amino acid phenylalanine (Phe). If left untreated or insufficiently managed, high levels of Phe become toxic to the brain, leading to irreversible intellectual disabilities, neurological damage, and behavioral issues.

The standard of care and only effective treatment for PKU is a lifelong, strictly controlled medical diet. This requires:

- **Medical Protein Formula:** To provide essential amino acids (excluding Phenylalanine), vitamins, and minerals.
- **Low-Protein Modified Foods:** Specialized medical foods (such as low-protein baking mixes, pastas, and breads) to provide necessary caloric intake while maintaining safe Phe levels.

For [Patient Name], these diet modifications and specialized medical foods are not elective or nutritional supplements; they are medically required prescriptions. Failure to adhere to this metabolic diet will result in acute and chronic neurological deterioration and may require more costly medical interventions in the future.

I request that you provide full coverage for the following prescribed medical items:
[List specific formula and food types here]

Please contact me at [Phone Number] or [Email Address] if you require additional clinical documentation or have any questions regarding this treatment plan.

Sincerely,

[Physician Name]
[Title/Medical Specialty]
[Medical Facility Name]
[NPI Number]