**LETTER OF MEDICAL NECESSITY TEMPLATE: MMA/PA COOLER15 (METHYLMALONIC ACIDEMIA)**

DATE:

TO:

FROM:

PATIENT NAME: DOB:

ICD DIAGNOSIS CODE: Ht: Wt:

MEDICAL FOOD ORDER:

INSURANCE ID:

SUBSCRIBER: GROUP NO:

To Whom It May Concern:

**­­[Patient Name]** is a \_**\_\_\_\_** year old patient diagnosed with methylmalonic acidemia (MMA), an inborn error of metabolism. This patient’s metabolic disease was diagnosed **[through newborn screening (if applicable) which is mandated by law in the USA]** on **[date diagnosed]**. The purpose of this letter is to explain the medical necessity of Vitaflo MMA/PA cooler15 and request insurance coverage for this treatment.

MMA is a life-long inherited metabolic disease, characterized by the body’s inability to process the amino acids methionine, threonine, valine, and isoleucine. MMA is caused by a genetic mutation which leads to a deficiency of the enzyme required for the breakdown of these amino acids. This enzyme deficiency causes a toxic buildup of methylmalonyl CoA and other toxic compounds that accumulate in the body’s organs and tissues. This buildup causes **[developmental delays, hypotonia, enlargement of the liver, failure to thrive, chronic kidney disease, pancreatitis, coma, death, other].** The accepted standard of care is to eliminate high protein foods, severely restrict other protein containing foods, and prescribe a medical food designed to provide the necessary amino acids (excluding methionine, threonine, valine and with a low level of isoleucine) vitamins, minerals and trace elements in a precise mix to meet the patient’s nutrient needs. The patient requires this methionine, threonine, valine-free and low isoleucine medical food as their primary source of dietary protein. If this patient is not treated accordingly, long term medical consequences ensue.

In this patient’s case, I have specifically noted **[labs/symptoms]**. The patient is currently prescribed MMA/PA gel, a medical food formulated to meet the specialized nutrient needs of patients with methylmalonic acidemia fed orally or enterally.The prescribed medical food is imperative in the treatment of this patient’s condition. MMA/PA cooler15 is medically necessary to ensure that **[he/she]** maintains metabolic control.

MMA/PA cooler15 is a medical food, manufactured in the UK for Vitaflo USA, LLC (1-888-848-2356.) HCPCS: B4157/B4162. Reimbursement Code: 50600-0561-22 (red flavor) (30 pouches/box). Vifaflo MMA/PA cooler15 is a medical food available ONLY by prescription (not “over the counter”) to be used under strict medical supervision. This prescription is to be filled as ordered, Vitaflo MMA/PA cooler15 (no substitutions).

**[If applicable include:**  MMA/PA cooler15 is on the State of **\_\_\_\_\_\_\_ Medicaid, BCMH, and/or Metabolic formulary.]**

I appreciate your consideration of this request. Your authorization of this prescribed order will provide this patient the treatment needed to improve his/her medical situation.

Please feel free to contact me if you have additional questions.

Sincerely,

Name of Physician

Institution

Contact Information

Attachments: Prescription

 Clinic Notes