

Preemie Parent Medical Necessity NICU template:

Hospital name, address and date

CC: Your insurance carrier, address, patient's name, date of birth, patient's policy ID/group number and name of patient's policy holder.

Sample template:

Date:

Dear Hospital Administrator and Coverage Insurer:

This letter serves as a request for coverage and payment for my child, ___ born at 1,250 grams or below, being cared for in the NICU. My provider and I agree that my child should receive only an exclusive human milk diet until or such time as my child's GI system is mature enough to tolerate foreign cow-milk proteins.

I, HCP (Insert Name) examined my child (*patient's name*) and determined the diagnosis of very low birthweight that corresponds to the clinical need for an exclusive human milk diet consisting of mom's milk, qualified donor milk and a human milk-based fortifier for my child.

Two recent randomized clinical trials have shown that EP infants, defined as less than 1250g birth weight, are at increased risk for developing necrotizing enterocolitis (NEC) and of requiring surgical intervention for NEC if their diet, including the fortifier, is not composed of exclusively human milk or its derivatives. The first trial, published in 2009 showed an almost 3 fold increase in cases of NEC in those babies who were exposed to non-human components in their diet. The odds of surgical intervention for NEC were eightfold higher in the group with non-human components in their diet. 1

The second trial, published in J Pediatrics 2013 demonstrated a similar decrease in both NEC and surgical intervention in a group of EP babies who got solely donor human milk based products compared to those getting standard dairy based formula. This trial also demonstrated that infants fed human-based diet vs preterm formula experienced 9 fewer days on TPN. 2

The most recent publication, June 2014 combined data from the 2 mentioned clinical trials. This analysis demonstrated that provision of exclusively human milk diet during early postnatal period, a diet devoid of cow milk protein, is associated with lower risks of death, NEC, NEC requiring surgery and sepsis in EP infants. The study results also demonstrate decreased mortality and morbidity with EHMD. 3

In addition to the improved clinical outcomes a health economics analysis of the acute care costs for EP infants published recently showed a net savings of between \$8000-9000 per EP infant fed a completely human milk based diet. The two articles and abstract are referenced below for your review. 4, 5

I plan to feed this patient with an exclusive human milk diet until he or she is mature enough to graduate to other forms of nutrition.

Based upon the foregoing, I believe that feeding human donor milk and human milk-based fortifier is/was medically necessary and that the cost of this product should be covered separately by the patient's insurance to enhance his/her outcome. I do not believe that using formula of bovine or vegetable origin for this patient is/was medically justifiable. If you have questions about this patient or would like additional information to assist your review, please contact me at *insert contact information*. Thank you for your consideration.

Sincerely,

Insert Physician or Nurse Practitioner's name and title

References:

1. "An Exclusively Human Milk-Based Diet Is Associated with a Lower Rate of Necrotizing Enterocolitis than a Diet of Human Milk and Bovine Milk-Based Products." Sullivan S, et al: *J Pediatrics*. 2010; 156:562-567.
DOI:10.1014/j.jpeds2009.10.040.
2. "Randomized Trial of Exclusive Human Milk versus Preterm Formula Diets in Extremely Premature Infants." Cristofalo E, et al: *J Pediatrics*. 2013; 163(6):1592-1595.
DOI:10.1016/j.jpeds.2013.07.011
3. "Greater Mortality and Morbidity in Extremely Preterm Infants Fed a Diet Containing Cow Milk Protein Products." Abrams S, et al: *Breastfeeding Medicine*. Volume 9, Number 0, 2014/DOI: 10. 1089/bfm.2014.0024
4. "Costs of Necrotizing Enterocolitis and Cost-Effectiveness of Exclusively Human Milk-Based Products in Feeding Extremely Premature Infants." Ganapathy V, et al: *Breastfeeding Medicine*. Volume 6, Number 0, 2011. DOI: 10.1089/bfm.2011.0002
5. "Decreasing Necrotizing Enterocolitis and Gastrointestinal Bleeding in the Neonatal Intensive Care Unit." Huston R, et al: *ICAN: Infant, Child, & Adolescent Nutrition*: April 2014; Volume 6 Number 2 pp.86-93