

**SAMPLE LETTER OF MEDICAL NECESSITY TO
INSURANCE COMPANY/PLAN
(TO BE COMPLETED BY YOUR PROVIDER)**

Date

Payer Name

Payer Address

City, State Zip

Patient's First and Last Name:

Insured's Name:

Dear Claims Representative:

I am writing on behalf of [INSERT PATIENT'S NAME] to document the medical necessity for the purchase and/or rental of breastfeeding-related products and services. This letter provides information about the patient's medical history and treatment and serves as a request for consideration of coverage of [INSERT BRAND/NAME OF BREAST PUMP, TYPE AND RELATED PRODUCTS/SERVICES], provided to the above-mentioned patient for the following diagnoses: [INSERT MEDICAL DIAGNOSES AND APPROPRIATE ICD-9 DX CODES].

(THE FOLLOWING IS A SAMPLE PARAGRAPH -- INSERT DETAILS OF MEDICAL NECESSITY AS APPROPRIATE TO THE FAMILY'S SITUATION). [INSERT CHILD'S NAME] was born into the high-risk category on [INSERT CHILD'S BIRTHDAY]. [HE/SHE] has not been able to successfully breastfeed due to [List ILLNESS OR PREMATUREITY]. It is important that this mother is able to pump her breasts in order to provide her infant with breast milk, which provides optimal nutritional value at this vital stage of life. This pumping also allows the mother to continue having an adequate supply of breast milk so that once the baby becomes stronger [he/she] can begin or resume nursing at the breast.

I have recommended breastfeeding for this mother and infant according to the guidelines established by the American Academy of Pediatrics, which states, "Human milk is species-specific, and all substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding. ... Pediatricians and parents should be aware that exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first 6 months of life. Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired. ... Hospitals and physicians should recommend human milk for premature and other high-risk infants either by direct breastfeeding and/or using the mother's own expressed milk."¹

If you require any additional information, please contact me at [INSERT PHONE NUMBER].

Sincerely,

[Your Name, Title]

¹ PEDIATRICS Vol. 115 No. 2 February 2005, pp. 496-506 (doi:10.1542/peds.2004-2491)