

Use your clinic's letterhead. Change the variables which appear in **RED Bold and Italics**. Delete this header before printing

Letter of Medical Necessity

Date:

Patient Name: ***Jane Doe***

Patient DOB: ***mm/dd/yyyy***

Insurance ID:

To whom it may concern:

I am writing in the capacity of a ***Primary Care Physician/Cardiologist/Neurologist*** for ***INSERT PATIENT NAME*** who has been under my care since ***INSERT DATE***. This patient has been diagnosed with ***Postural Orthostatic Tachycardia Syndrome (ICD-10 Code: G90.A)***.

I am recommending the following treatment:

NormaLyte® ORS (any flavor) - ***INSERT QUANTITY*** packets (each dissolved in 500mL drinking water) to be taken by mouth daily for a period of 1 year (subject to extension).

The primary goal of the treatment is to achieve and maintain adequate blood volume and blood pressure. To achieve the stated goal, a patient is required to consume an additional ***4 Grams*** of salt, combined with ***1 Liter*** of fluids, besides the normal daily dietary intake. This can be achieved by using suitable Oral Rehydration Salts (ORS) products which have been formulated by adopting the World Health Organization's (WHO) recommendations and standards.

I certify that the treatment using oral rehydration salts (ORS), classified as medical food by the US FDA, is medically necessary to treat the specific medical condition described above and is not for cosmetic purposes or for treatment which is merely beneficial to the general health of the individual. I am convinced that NormaLyte ORS will reduce the frequency of symptoms associated with my patient's condition. I also believe that this treatment will assist ***INSERT PATIENT NAME*** to achieve and maintain maximum functional capacity in performing daily activities. This treatment may potentially reduce the frequency of Intravenous administration of Normal Saline.

I respectfully request insurance reimbursement/coverage for NormaLyte ORS for my patient ***INSERT PATIENT NAME***.

Product Name	Reimbursement Code / NDC Format Code	HCPCS Code
NormaLyte ORS (Orange) 6 x 0.37 oz (10.5 g)	61846-0000-01	B4102 or B4103
NormaLyte ORS (Grape) 6 x 0.37 oz (10.5 g)	61846-0000-03	B4102 or B4103
NormaLyte ORS (Green Apple) 6 x 0.37 oz (10.5 g)	61846-0000-02	B4102 or B4103
NormaLyte ORS (Pure) 6 x 0.38 oz (10.7 g)	61846-0000-04	B4102 or B4103
NormaLyte ORS (Orange) 30 x 0.37 oz (10.5 g)	61846-0000-06	B4102 or B4103
NormaLyte ORS (Grape) 30 x 0.37 oz (10.5 g)	61846-0000-05	B4102 or B4103
NormaLyte ORS (Green Apple) 30 x 0.37 oz (10.5 g)	61846-0000-07	B4102 or B4103
NormaLyte ORS (Pure) 30 x 0.38 oz (10.7 g)	61846-0000-08	B4102 or B4103
NormaLyte ORS (Lemon Lime) 30 x 0.37 oz (10.5 g)	65415-8845-31	B4102 or B4103

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Normalyte ORS (Strawberry Lemonade) 30 x 0.37 oz (10.5 g)	65415-954-42	B4102 or B4103
Normalyte ORS (Watermelon) 30 x 0.37 oz (10.5 g)	65415-686-77	B4102 or B4103

Please reach out to me in case you need specific details about past successes with this treatment, past treatments, patient compliance with other regimens or any reference materials.

Sincerely,

Signature

Dr. John Doe, MD

NPI: