

Fortini® ICD-10 Coding Support Tool



Fortini® Infant is an infant formula for use under medical supervision designed for the dietary management of term infants and young children up to 18 months of age [or up to 19 lbs, 13 oz (9 kg)] with or at risk of growth failure, increased energy requirements, fluid restrictions, and/or malnutrition.

Below are related conditions and/or potential symptoms of these conditions. The list of diagnoses and ICD-10 codes is not all-inclusive and may not be appropriate for every patient. It is the responsibility of the healthcare professionals associated with the patient's care to determine and document the appropriate diagnosis(es) and code(s) for each patient and determine if Fortini is appropriate.

Condition	Clinical Context	ICD-10 Code & Related Diagnosis*
<p>Malnutrition (under-nutrition) or Failure to thrive</p> <ul style="list-style-type: none"> Under-nutrition Failure to thrive 	<ul style="list-style-type: none"> Infants and children with malnutrition or failure to thrive may have inadequate intake, absorption, or increased losses due to underlying medical conditions or non-organic causes. Early nutritional intervention is vital to prevent long-term developmental delays and support catch-up growth. 	<p>Failure to Thrive</p> <ul style="list-style-type: none"> <input type="checkbox"/> P92.6: Non-organic failure to thrive (Under 28 days old – Newborn) <input type="checkbox"/> R62.51: Failure to thrive (Over 28 days old – Child) <p>Malnutrition & Related Diagnoses</p> <ul style="list-style-type: none"> <input type="checkbox"/> R63.4: Abnormal weight loss <input type="checkbox"/> R63.6 + Z68.51: Underweight – Less than 5th percentile weight (Z68.51 documents BMI percentile in pediatric patients) <input type="checkbox"/> R64: Cachexia <input type="checkbox"/> E43: Unspecified severe protein-calorie malnutrition <input type="checkbox"/> E46: Unspecified protein-calorie malnutrition <input type="checkbox"/> E44.0: Moderate protein-calorie malnutrition <input type="checkbox"/> E44.1: Mild protein-calorie malnutrition <input type="checkbox"/> E45: Retarded development following protein-calorie malnutrition <input type="checkbox"/> P00.4: Newborn affected by maternal nutritional disorders <p>Other Related Codes</p> <ul style="list-style-type: none"> <input type="checkbox"/> R62.52: Short stature (Over 28 days old – Child) <input type="checkbox"/> P92.1–P92.9: Feeding problems of newborn (for infants with feeding difficulties contributing to malnutrition or failure to thrive)
<p>Congenital heart disease</p> 	<ul style="list-style-type: none"> Infants with congenital heart defects often experience increased metabolic demands and may have difficulty maintaining adequate growth due to poor cardiac output, feeding fatigue, and fluid restrictions. An energy- and nutrient-dense formula can promote catch-up growth and optimize surgical outcomes. 	<ul style="list-style-type: none"> <input type="checkbox"/> Q20.0: Common arterial trunk (Truncus arteriosus) <input type="checkbox"/> Q20.1: Double outlet right ventricle <input type="checkbox"/> Q20.3: Transposition of great arteries <input type="checkbox"/> Q21.2: Atrioventricular septal defect (Endocardial cushion defect, Ostium primum defect) <input type="checkbox"/> Q21.3: Tetralogy of Fallot <input type="checkbox"/> Q22.0: Pulmonary atresia (valve) <input type="checkbox"/> Q22.1: Pulmonary stenosis (valve) <input type="checkbox"/> Q22.4: Tricuspid atresia <input type="checkbox"/> Q23.0: Congenital stenosis of aortic valve <input type="checkbox"/> Q23.4: Hypoplastic left heart syndrome <input type="checkbox"/> Q24.8: Other specified congenital malformations of heart (e.g., hypoplastic heart/univentricular heart) <input type="checkbox"/> Q24.9: Congenital malformation of heart, unspecified <input type="checkbox"/> Q25.1: Coarctation of aorta <input type="checkbox"/> Q25.5: Pulmonary atresia (artery) <input type="checkbox"/> Q25.6: Pulmonary stenosis (artery) <input type="checkbox"/> Q25.21: Interrupted aortic arch <input type="checkbox"/> Q26.2: Total anomalous pulmonary venous return

*This letter is intended to be used as a template and customized by the physician for each patient. Nutricia does not guarantee that the use of any information provided in this letter will result in coverage or payment by any third-party payer.

<p>Chronic lung disease</p> 	<ul style="list-style-type: none"> Such conditions increase energy use from labored breathing and frequent infections. These infants may require fluid restriction and have feeding challenges, making energy- and nutrient-dense formulas important for growth. 	<ul style="list-style-type: none"> <input type="checkbox"/> P27.1: Bronchopulmonary dysplasia, perinatal <input type="checkbox"/> P27.8: Other perinatal chronic respiratory condition <input type="checkbox"/> P27.9: Unspecified perinatal chronic respiratory condition
<p>Cystic fibrosis</p> 	<ul style="list-style-type: none"> Cystic fibrosis can cause malabsorption and increased energy requirements due to chronic lung infections and pancreatic insufficiency. Energy- and nutrient-dense formulas are often needed to achieve catch-up growth. 	<ul style="list-style-type: none"> <input type="checkbox"/> E84.0: Cystic fibrosis with pulmonary manifestations <input type="checkbox"/> E84.1: Cystic fibrosis with intestinal manifestations <input type="checkbox"/> E84.11: Meconium ileus in cystic fibrosis <input type="checkbox"/> E84.19: Cystic fibrosis with other intestinal manifestations <input type="checkbox"/> E84.8: Cystic fibrosis with other manifestations <input type="checkbox"/> E84.9: Cystic fibrosis, unspecified
<p>Neurological syndrome or neuro-disabilities</p> 	<ul style="list-style-type: none"> Such conditions may cause hypotonia, feeding difficulties, and increased risk of undernutrition due to impaired oral motor function or increased energy needs. Energy- and nutrient-dense formulas can help support growth and development, especially when oral intake is insufficient. 	<ul style="list-style-type: none"> <input type="checkbox"/> Q90.0–Q90.2, Q90.9: Down syndrome (Trisomy 21, mosaicism, unspecified) <input type="checkbox"/> G71.00, G71.02, G71.09, G71.11: Muscular dystrophy (unspecified, Duchenne, Becker, other specified) <input type="checkbox"/> G80.0–G80.4, G80.8, G80.9: Cerebral palsy (spastic quadriplegic, diplegic, hemiplegic, dyskinetic, ataxic, other, unspecified)
<p>Respiratory syncytial virus</p> 	<ul style="list-style-type: none"> Infants affected by RSV may have acute or chronic respiratory compromise, leading to increased caloric needs and feeding difficulties. Energy- and nutrient-dense formulas support recovery and growth during and after illness. 	<ul style="list-style-type: none"> <input type="checkbox"/> B97.4: Respiratory syncytial virus as the cause of diseases classified elsewhere <input type="checkbox"/> J12.1: Pneumonia due to respiratory syncytial virus <input type="checkbox"/> J20.5: Acute bronchitis due to respiratory syncytial virus <input type="checkbox"/> J21.0: Acute bronchiolitis due to respiratory syncytial virus
<p>Feeding difficulty</p> 	<ul style="list-style-type: none"> Feeding problems can arise from muscle disorders, congenital hypotonia/hypertonia, or behavioral feeding disorders. These children may require energy- and nutrient-dense formulas to meet nutritional needs when oral intake is insufficient or problematic. 	<ul style="list-style-type: none"> <input type="checkbox"/> P92.1–P92.9: Feeding problems of newborn (Under 28 days old) <input type="checkbox"/> M62.9: Disorder of muscle, unspecified <input type="checkbox"/> P94.1: Congenital hypertonia <input type="checkbox"/> P94.2: Congenital hypotonia <input type="checkbox"/> R63.3: Feeding difficulties (Over 28 days old - Child) <input type="checkbox"/> R63.8: Other symptoms and signs concerning food and fluid intake <input type="checkbox"/> F98.21: Rumination disorder of infancy <input type="checkbox"/> F98.29: Other feeding disorders of infancy and childhood

Product and Coverage Information						
Product	NNA Product Code	Packaging	Calories per unit	Yield per case	NDC-format code	HCPCS code
Fortini® Infant LQ	161212	30 x 4 fl oz (30 x 118 mL)	118	120 fl oz	49735-0112-12	B4160



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