***Letter of Medical Necessity***

*Date: Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage and/ reimbursement for Vivonex® Pediatricelemental formula

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed Vivonex® Pediatric formula for the dietary management of *Diagnosis or Condition.*

*Verify medical necessity for formula, including:*

* *Date of birth*
* *Diagnosis*
* *Height*
* *Weight*
* *Weight history*
* *Tracking on growth chart*
* *Brief documentation of weight loss/intolerance*
* *Nutrition prescription*

Vivonex® Pediatric formula is a nutritionally complete amino-acid based formula for the nutritional management of children 1 – 13 years of age with severely impaired GI function, which may include pediatric patients with:

* Severe short bowel syndrome
* Malabsorption syndrome
* GI trauma/surgery
* Crohn’s disease
* Intestinal failure
* Burns
* Transition from TPN

**The product can be used as a complete tube feeding or oral supplement. Vivonex® Pediatric formula is a medical food intended for use under the supervision of a medical professional.**

|  |  |
| --- | --- |
| **Vivonex® Pediatric** | **Attributes of Vivonex® Pediatric** |
| 100% free amino acid formula | * Free amino acid-based formula for children with severely impaired GI function |
| MCT:LCT = 70:30  Fat source: MCT oil, soybean oil | * 70% of fat derived from MCT to decrease potential for fat malabsorption. |
| Contains CalciLock™ blend of essential nutrients | * CalciLock™ is a combination of essential nutrients to help build and maintain strong bones. This nutrient blend includes calcium, phosphorus, magnesium, zinc, and vitamins D, C and K and is designed to help support healthy bone development. |

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| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Flavor** | **Case UPC** | **Packaging** | **Calories per packet** | **Reimbursement/ NDC Formatted Number** | **HCPCS Code** |
| Vivonex® Pediatric | Unflavored | 10043900713103 | 36-1.7 oz packets/case (6 inner cartons, 6 packets each) | 200 | 00212-7131-76 | B4161 |

Thank you for taking the time to review this request. Please contact me should you require any additional information.

Sincerely,

*Signature:*

*Name:*

*Title:*

Attachments: *If relevant, include pertinent information supporting evidence of medical necessity and product information. Please refer to* [*www.NestleHealthScience.us*](http://www.NestleHealthScience.us) *for product information.*