***Letter of Medical Necessity***

*Date: Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage and/ reimbursement for Nutren Junior® complete liquid nutrition.

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed Nutren Junior® complete liquid nutrition for the dietary management of *Diagnosis or Condition.*

*Verify medical necessity for formula, including:*

* *Patient Date of birth*
* *Patient Diagnosis*
* *Patient Weight history/growth history*
* *Brief documentation of weight loss/intolerance*
* *Nutrition prescription*

Nutren Junior® is a nutritionally complete formula for children age 1 – 13 years. This formula is intended for the nutritional management of patients with:

* Growth failure
* Malnutrition
* Short or long term tube feeding regimens
* Bowel management (Nutren Junior® Fiber)

Nutren Junior® is a nutritionally complete formula for children age 1-13 years that can be used for tube feeding or oral supplementation. It contains 50% whey protein to promote tolerance, and is suitable for short or long term tube feeding regimens. Nutren Junior® Fiber contains a fiber blend of PREBIO1TM soluble fiber to promote the growth of beneficial bacteria and insoluble fiber to support normal bowel function. Both formulas are recognized by the Centers for Medicare and Medicaid Services (CMS) as “an enteral formula for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/mL) with intact nutrients; includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube”, found in HCPCS Category B4160.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Flavor | Case UPC | Packaging | Calories per Container | NDC  Format Number | HCPCS Code |
| Nutren Junior® | Vanilla | 00798716160629 | 24 – 250 mL cartons/case | 250 | 98716-0060-62 | B4160 |
| Nutren Junior® | Vanilla | 00798716773805 | UltraPak® System: 6-1000 mL bags per case | 1000 | 98716-0673-70 | B4160 |
| Nutren Junior® Fiber | Vanilla | 00798716160636 | 24 – 250 mL cartons/case | 250 | 98716-0060-63 | B4160 |
| Nutren Junior® Fiber | Vanilla | 00798716774000 | UltraPak® System: 6-1000 mL bags per case | 1000 | 98716-0673-90 | B4160 |

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

Sincerely,

Signature:

Name:

Title:

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