Letter of Medical Necessity

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/reimbursement for BOOST® ORIGINAL, BOOST® HIGH PROTEIN, BOOST PLUS®, BOOST® Very High Calorie, or BOOST GLUCOSE CONTROL®

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/date of Birth*. I have prescribed BOOST® ORIGINAL, BOOST® HIGH PROTEIN, BOOST PLUS®, BOOST® Very High Calorie, or BOOST GLUCOSE CONTROL® manufactured by Nestlé HealthCare Nutrition, Inc. for the dietary management of *Diagnosis or Condition*.

*Verify medical necessity for formula, including: diagnosis, documented failure of intolerance to other formulas, current HT/WT/IBW, history of wt loss, pertinent lab results, medications potential outcome if formula were denied.*

BOOST® ORIGINAL, BOOST® HIGH PROTEIN, BOOST PLUS®, BOOST® Very High Calorie, or BOOST GLUCOSE CONTROL® is a nutritionally balanced formula for patients ages 14 to adult. This product is intended for the nutritional management of patients with inadequate nutrient oral intake, reduced appetite, and malnutrition or risk of malnutrition associated with cancer, stroke, dementia, surgical recovery, chronic or acute illness (including COVID-19), recuperation from trauma, and wound management. BOOST® ORIGINAL, BOOST® HIGH PROTEIN, BOOST PLUS®, BOOST® Very High Calorie, or BOOST GLUCOSE CONTROL® may be used for supplemental nutrition; and additionally, BOOST® ORIGINAL and BOOST PLUS® may be used for interim sole-source nutrition.

Malnutrition is a serious, under identified, and under treated medical problem. Estimates of the prevalence of malnutrition is up to 50% of hospitalized patients in the US.1,2 Malnutrition leads to increased risk of complications, falls, and hospital readmissions,2,3 specifically:

* 50% higher hospital readmission rate4
* 2X longer hospital stays vs. those without malnutrition5

Oral nutritional supplements (ONS), which provide both macronutrients and micronutrients for special medical purposes, in addition to normal food, have been shown to improve clinical outcomes among hospitalized patients, including:

* 21% reduction in length of stay6
* 21.6% decline in episode cost6
* 35% reduction in complications in surgical patients7
* 26% reduction in 30-day readmission rates8

BOOST® ORIGINAL, BOOST® HIGH PROTEIN, BOOST PLUS®, BOOST® VHC (Very High Calorie), or BOOST GLUCOSE CONTROL® formulas are recognized by the Centers of Medicare and Medicaid Services (CMS) in the following categories:

BOOST® ORIGINAL and BOOST® HIGH PROTEIN:

*Enteral formula, nutritionally complete with intact nutrients includes proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube (100 calories = 1 unit) found in HCPCS Category B4150.*

BOOST® Very High Calorie and BOOST PLUS®:

*Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/mL) with intact nutrients includes proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube (100 calories = 1 unit) found in HCPCS Category B4152.*

BOOST GLUCOSE CONTROL®:

*Enteral formula, nutritionally complete special metabolic needs, excludes inherited diseases of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube (100 calories = 1 unit) found in HCPCS Category B4154.*

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

Sincerely,

Signature:

Name: *Name*

Title: *Title*

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

1. Tolbert CM, et al *J Acad Nutr Diet.* 2018;118:125-31. 2. Barrett ML et al. *AHRQ.*2018.3. Norman K, et al. *Clin Nutr.* 2008;27:5-15. 4. Fingar KR et al. HCUP. 2016; Statistical Brief #218. 5. Snider JT, et al. *JPEN.* 2014;38(2 suppl):77S-85S.6**.** Philipson TJ et al. *Am J Manag Care.* 2013;19:121-28. 7. Elia M et al. *Clin Nutr.* 2016;35:370-80. 8. Sriram K, et al. *JPEN*. 2017;41:384-391.