***Letter of Medical Necessity***

*Date: Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage and/ reimbursement for BOOST® Kid Essentials™ balanced nutritional drink.

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed BOOST® Kid Essentials™ balanced nutritional drink manufactured by Nestlé Healthcare Nutrition, Inc. for the dietary management of *Diagnosis or Condition.*

*Verify medical necessity for formula, including:date of birth,diagnosis,height,weight,weight history,pertinent lab results, medications,tracking on growth chart, brief documentation of failure on or intolerance of other formulas,nutrition prescriptionand potential outcome if formula were denied.*

BOOST® Kid Essentials™ is a balanced nutritional drink offering 1.0 kcal/mL designed for children. This product is intended for the nutritional management of children with inadequate oral intake, increased energy needs and malnutrition or risk of malnutrition associated with chronic conditions such as cancer, recovery after surgery, chronic or acute illness (including COVID-19), recuperation from trauma, and wound management.

Malnutrition is a serious, under identified, and under treated medical problem. Prevalence of malnutrition in US hospitalized pediatric patients has nearly doubled from 2002 to 20111 (1.9% to 3.7%). Hospitalized children with malnutrition have a higher rate of existing comorbidities, worse clinical outcomes, and increased use of inpatient services.

The literature describes contributing factors of malnutrition in children with chronic conditions such as cancer, congestive heart failure, esophageal disorders, regional enteritis or ulcerative colitis and others, including treatment side effects causing pain, emesis, and loss of appetite, energy deficits due to decreased intake or increased needs, as well as, inflammation and malabsorption,2,3

BOOST® KID ESSENTIALS™ formula is 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…*

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 product information.*

1. Carvalho-Salemi J, et al *J Acad Nutr Diet.* 2018;118(1):40-51.

2. Murphy AJ, et al. *Clin Nutr.*2016;36(3):788-792.

3. Kyle UG, et al. *Nutr Clin Pract.* 2015;30:227-238.