***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for Compleat® Pediatric Reduced Calorie tube feeding formula.

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed Compleat® Pediatric Reduced Calorie formula, manufactured by Nestlé HealthCare Nutrition, Inc. for the dietary management of *Diagnosis or Condition.*

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

Compleat® Pediatric Reduced Calorie formula provides complete nutrition for children who require reduced calories and adequate levels of protein and specific nutrients. Compleat® Pediatric Reduced Calorie formula meets or exceeds 100% Dietary Reference Intakes (DRIs\*) for protein and 25 key vitamins and minerals in 1000 mL for ages 1-8 and 1200 mL for ages 9-13.

Compleat® Pediatric Reduced Calorie formula is intended for the nutritional management of those pediatric patients with special health needs, neurological impairment, neuromuscular disorders, developmental disabilities and/ or those requiring a long term tube feeding regimen and desire a real food component. Compleat® Pediatric Reduced Calorie formula provides adequate protein and micronutrients in a formula with 40% fewer calories than a standard 1 kcal/mL formula as well as a unique fiber blend of 3.4 g/L PREBIO¹™ soluble fiber to help promote the growth of beneficial bacteria, and 3.4 g/L of insoluble fiber to help support normal bowel function[[1]](#footnote-1)

Compleat® Pediatric Reduced Calorie formula is a medical food for use under the supervision of a medical professional. It can be difficult to meet the nutritional needs of tube-fed pediatric patients with reduced energy requirements. Other available tube-feeding formulas may not address the special needs of patients with reduced energy requirements. In order to address the unique nutritional needs of this pediatric patient population and to help manage a patient’s weight, it is often necessary to dilute standard formulas or to add ingredients, such as protein and micronutrients. This reduced calorie blenderized formula provides 3 (eq) servings of fruits and vegetables\* including peas, green beans, peaches and carrots. Compleat® Pediatric Reduced Calorie formula is recognized by the Centers for Medicare and Medicaid Services (CMS) as an “enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, found in HCPCS Category B4149”.

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.*

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| **Key Nutrients** | **Per 1000 Calories (0.6 cal/mL)** |
| Total Fat (g) | 33 |
| Total Carbohydrate (g) | 125 |
| Dietary Fiber (g) | 11 |
|  Soluble Fiber (g) | 5.5 |
|  Insoluble Fiber (g) | 10 |
| Protein (g) | 50 |

Meets or exceeds 100% Dietary Reference Intakes (DRIs\*\*) for protein and 25 key vitamins and minerals in 1000 mL for ages 1-8 and 1200 mL for ages 9-13.

\*DRIs represent the Recommended Dietary Allowance (RDA) value unless unavailable, in which case Adequate Intake (AI) value is used.

\*For children 1-4 year of age and the equivalent of 2 servings in children 4+ years of age and older in complete feeding.

1. Slavin JL. Position of the American Dietetic Association: health implications of dietary fiber. *J Am Diet Assoc.* 2008;108:1716-1731. [↑](#footnote-ref-1)