**Letter of Medical Necessity**

**COMPLEAT® Pediatric Standard 1.4**

**Date**

**TO:** *Insurance Company*

**FROM:** *Insert Physician’s Name*

**SUBJECT: Request for coverage / reimbursement for COMPLEAT® Pediatric Standard 1.4 nutritionally complete tube feeding formula.**

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed **COMPLEAT® Pediatric Standard 1.4** tube feeding formula, manufactured by Nestlé Health Science for the nutritional management of *Diagnosis or Condition,* as documented in the patient’s medical record *(Dates).* Please refer to the attached **Criteria for Tube Feeding** **Formula** form, which provides specific justification for this formula.

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

**COMPLEAT® Pediatric Standard 1.4** tube feeding formula is a nutritionally complete enteral formula for children 1 to 13 years who will benefit from a sole source, plant-based tube feeding formula. This tube-feeding formula is intended for the nutritional management of children with a variety of feeding issues and intolerance that are not resolved on standard milk-based protein or soy-based protein tube feeding formulas. **COMPLEAT® Pediatric Standard 1.4** is also appropriate for patients with multiple food allergies. **COMPLEAT® Pediatric Standard 1.4** tube feeding formula is intended for use under the supervision of a medical professional.

**COMPLEAT® Pediatric Standard 1.4** does **not** contain any dairy (milk), soy, or corn ingredients, which supports the nutritional requirements of children who need to avoid these ingredients. It is also lactose-free and gluten-free. The pea protein isolate and the addition of the amino acid, L-cystine, provide all the indispensable (essential) amino acids the body requires. The blend of soluble fiber (partially hydrolyzed guar gum) and insoluble fiber (pea fiber) helps support digestive health and bowel management. **COMPLEAT® Pediatric Standard 1.4** is calorically dense at 1.4 calories per mL (40% more calories than standard 1.0 calorie/mL formulas), which is beneficial for children with a fluid restriction, volume intolerance, or shortened feeding cycles. **COMPLEAT® Pediatric Standard 1.4** contains a blend of MCT oil, canola oil, and high oleic sunflower oil. 20% of the fat source is provided by MCT to promote absorption and tolerance. **COMPLEAT® Pediatric Standard 1.4** meets the Dietary Reference Intake (DRI) for 25 key vitamins and minerals in 750 mL (1050 calories) for children 1 to 8 years and in 1000 mL (1400 calories) for children 9 to 13 years, which is critical for children who receive this formula as a sole source of nutrition via a feeding tube.

For the reasons mentioned above, **COMPLEAT® Pediatric Standard 1.4** tube feeding formula is not synonymous with milk protein-based or soy protein-based formulas. **COMPLEAT® Pediatric Standard 1.4** tube feeding formula is specifically formulated with a plant-based protein source from peas. A denial of coverage for this plant-based tube feeding formula may result in health care professionals recommending a formula that is not as well-tolerated. In addition to being free of dairy (milk), soy, or corn ingredients, **COMPLEAT® Pediatric Standard 1.4** tube feeding formula is free of all the remaining major allergens (milk, wheat, eggs, soy, tree nuts, peanuts, fish, shellfish, sesame) and corn and is appropriate for children with multiple food allergies.

**COMPLEAT® Pediatric Standard 1.4** is currently recognized by the Centers for Medicare and Medicaid Services (CMS) in **HCPCS Category B4160:** *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.*

Based on the explanation provided, my clinical judgement, and my determination that this formula is required for the care of my patient, I am requesting coverage for **COMPLEAT® Pediatric Standard 1.4.**

Thank you for taking the time to review this request. Please contact me if you require any additional information or refer to [www.Compleat.com](http://www.Compleat.com) and [www.NestleMedical](http://www.NestleMedical)Hub.com.

Sincerely,

Signature

Name/Title