***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for Diabetisource® AC formula.

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/ Date of Birth.*I have prescribed Diabetisource® AC 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/IBW, history of wt loss, pertinent lab results, medications, potential outcome if formula were denied.*

Diabetisource® AC formula is a nutritionally complete formula for patients age 13 to adult. This product is intended for the nutritional management of patients with diabetes mellitus, glucose intolerance, and diabetes with wounds. The product can be used as a complete tube feeding or oral supplement. Diabetisource® AC is a medical food intended for use under the supervision of a medical professional.

Diabetisource® AC formula provides advanced nutrition support for the patient with diabetes mellitus and/or co-morbidities. The formula contains a balanced macronutrient profile that is consistent with ADA guidelines for people with diabetes mellitus[[1]](#footnote-1). Diabetisource® AC formula has a balanced fat profile, including fish oil and is consistent with ADA recommendations for the inclusion of omega-3 fatty acids from fish1,[[2]](#footnote-2). The formula contains L-arginine that may help support wound management[[3]](#footnote-3),[[4]](#footnote-4). It contains a blend of both soluble and insoluble fiber to promote digestive health and bowel management[[5]](#footnote-5). Diabetisource® AC formula is recognized by the Centers for Medicare and Medicaid Services (CMS) as “an enteral formula, nutritionally complete special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube” found in HCPCS Category B4154.

Since the protein source in Diabetisource® AC formula is soy protein isolate (does not contain milk protein), it may be suitable for those with cow’s milk protein allergy (CMPA). Clinical judgement is required.

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.*

1. American Diabetes Association. *Diabetes Care* 2015;38:S20-S30. [↑](#footnote-ref-1)
2. Franz et al. *J Am Diet Assoc*. 2010;110:1852-1889. [↑](#footnote-ref-2)
3. Gannon et al. *Am J Clinical Nutrition* 2002;76:1016-1022. [↑](#footnote-ref-3)
4. Basu et al. *Nutrition Clinical Practice* 2002;17:218-225. [↑](#footnote-ref-4)
5. Slavin et al. *Nutrition* 2003;19:549-552. [↑](#footnote-ref-5)