***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for Impact Advanced Recovery® formula.

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/ Date of Birth***.** I have recommended for use Impact Advanced Recovery® formula, manufactured by Nestlé HealthCare Nutrition Inc. for the nutritional 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.*

Impact Advanced Recovery® formula is an oral nutrition formulation to help support the body’s immune system in surgical and critically ill patients at risk for infection. This product is designed for the nutritional management of pre-op preparation and/or post-op recovery from major elective surgery or trauma patients. Impact Advanced Recovery® formula is a medical food intended for use under the supervision of a medical professional.

The Impact® family of formulas is supported by multiple clinical studies demonstrating a reduction in the risk of certain infectious complications after surgery 1,2. Impact Advanced Recovery® formula includes arginine (12.6 g/3 boxes), omega-3 fatty acids (3.3 g/3 boxes), and dietary nucleotides (1.3 g/3 drink boxes). The formula contains arginine to promote normal t-cell function which may help reduce the risk of infection, omega-3 fatty acids to modulate cytokines to produce less proinflammatory mediators and dietary nucleotides which are important for rapidly replicating cells such as lymphocytes and enterocytes, specifically during periods of stress 3-10. The formula is recognized by the Centers for Medicare and Medicaid Services (CMS) as “an enteral formula, nutritionally complete, for 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.

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

Sincerely,

Signature:

Name:

Title:

Attachments: *You may want to include pertinent information supporting evidence of medical necessity and product information. Please refer to the following websites for product information: www.NestleHealthScience.us and www.CareInitiative.com.*

1 Waitzberg DL et al. *World J Surg* 2006;30;1-13.

2 Drover et al. Perioperative Use of Arginine-supplemented Diets: A Systematic Review of the Evidence. *J Am Coll Surg.* 2011;212 (3): 385-399

3Cerra FB et al. *Nutrition* 1991;7(3):193-99.

4 Daly JM et al*. Ann Surg* 1988;208(4):512-23.

5 Kirk SJ, et al*. Surg* 1993;114(2):155-59.

6 Calder PC and Grimble RF. *Eur J Clin Nutr* 2006;56:S14-S19.

7 Mizock BA. *Nutr Clin Prac* 2001;16:319-329.

8 Grimble GK and Westwood OM. *Curr Opin Clin Nutr and Metab Care* 1998;1(6):527-30.

9 Kulkarni AD, Rudolph FB and Van Buren CT*. J Nutr* 1994;124(8):S1442-S46.

10 Rudiolf FB and Van Buren CT. *Curr Opin Clin Nutr and Metab Care* 1998;1(6):527-30.