**Letter of Medical Necessity**

**COMPLEAT® PEDIATRIC PEPTIDE 1.5**

Date

TO: *Insurance Company*

FROM: *Insert Physician’s Name*

**SUBJECT: Request for coverage / reimbursement for COMPLEAT® PEDIATRIC PEPTIDE 1.5 nutritionally complete, peptide-based, tube feeding formula.**

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed **COMPLEAT® PEDIATRIC PEPTIDE 1.5** 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® PEDIATRICPEPTIDE 1.5 tube feeding formula is intended for use under the supervision of a medical professional. COMPLEAT® PEDIATRIC **I**PEPTIDE 1.5 tube feeding formula is a nutritionally complete enteral formula for children ages 1 to 13 who will benefit from a sole source, peptide-based, 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 and/or mild malabsorption that are not resolved on standard tube feeding formulas. COMPLEAT® PEDIATRIC PEPTIDE 1.5 is also appropriate for children with multiple food allergies.

COMPLEAT® PEDIATRIC PEPTIDE 1.5 does **not** contain any dairy (milk), soy, or corn ingredients, which supports the nutritional requirements of pediatric patients who need to avoid these ingredients. It is also lactose-free and gluten-free. The hydrolyzed pea protein and the addition of the amino acid, L-cystine, provides all the indispensable (essential) amino acids the body requires. The fiber sources help support digestive health and bowel management. COMPLEAT® PEDIATRIC PEPTIDE 1.5 is calorically-dense at 1.5 calories per mL (50% more calories than standard 1.0 calorie/mL formulas), which is beneficial for children with fluid restriction, volume intolerance, or shortened feeding cycles. COMPLEAT® PEDIATRIC PEPTIDE 1.5 contains a blend of MCT Oil, canola oil, and safflower oil or sunflower oil. 40% of the fat source as MCT to promote absorption and tolerance. COMPLEAT® PEDIATRIC PEPTIDE 1.5 meets the Dietary Reference Intake (DRI) for 25 key vitamins and minerals in 750 mL for children 1 to 8 years and in 1000 mL for children 9 to 13 years, which is critical for those who receive this formula as a sole source of nutrition via a feeding tube.

For the reasons mentioned above, COMPLEAT® PEDIATRIC PEPTIDE 1.5 tube feeding formula is not synonymous with a standard plant-based formula. COMPLEAT® PEDIATRIC PEPTIDE 1.5 tube feeding formula is specifically formulated with peptides from hydrolyzed pea protein to support tolerance. A denial of coverage for this peptide-based 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 PEPTIDE 1.5 tube feeding formula is free of all the remaining eight major allergens (milk, wheat, eggs, soy, tree nuts, peanuts, fish, shell fish) and corn and is appropriate for pediatric patients with multiple food allergies.

COMPLEAT® PEDIATRIC PEPTIDE 1.5 is currently recognized by the Centers for Medicare and Medicaid Services (CMS) in **HCPCS Category B4161:** *an enteral formula for pediatrics, hydrolyzed amino acids and peptide chain protein, 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 PEPTIDE 1.5.

Thank you for taking the time to review this request. Please contact me if you require any additional information. If additional formula information is required, please refer to [www.MyCompleat.com](http://www.MyCompleat.com) or [www.NestleHealthScience.us](http://www.NestleHealthScience.us).

Sincerely,

Signature:

Name:

Title: