***Template Letter of Medical Necessity\****

**To**: **Date**:

 (Insurance Company)

**From**:

 (Physician’s Name)

**SUBJECT**: **Insurance Coverage Request for** as ***<Vital Formulation you are prescribing>***

I am requesting insurance coverage and reimbursement of ***<Vital Formulation you are prescribing>*** for my

patient, . The use of a peptide-based elemental formula such as ***<Vital Formulation you are prescribing>*** is a key component of the medical management for this patient.

Patient Information (to be completed by the physician)

* PATIENT’S NAME
* DOB
* CURRENT WEIGHT
* CURRENT HEIGHT
* # OF MONTHS/YEARS UNDER MY CARE
* DIAGNOSIS
* OTHER (if applicable)

Based on my patient’s current medical condition, I am prescribing CALORIES, kcal /

 OUNCES/containers per day

***Vital® 1.0 Cal*** is peptide-based therapeutic nutrition that provides complete nutrition for long-or-short-term tube feeding for patients experiencing malabsorption, maldigestion, or impaired GI function and/or GI intolerance.

Vital® 1.0 Cal is designed to promote tolerance with ingredients that include an advanced blend of hydrolyzed protein, structured lipid, and prebiotic (NutraFlora® scFOS®). Specifically, Vital 1.0 Cal contains MCT/canola oil structured lipid. Structured lipids are well-tolerated1-2 and absorbed1 fats to promote absorption of fatty acids and 1g of nutraFlora scFOS/8 fl oz (4.2g/L). scFOS are prebiotic fibers that stimulate the growth of beneficial bacteria in the colon. 3,4,5 This formulation includes elevated antioxidants vitamins C & E and selenium to help reduce free radical damage.6,7

***Vital® AF 1.2 Cal*** is peptide-base therapeutic nutrition that provides complete, balanced nutrition for long-or-short-term tube feeding with ingredients to help manage inflammation, impaired GI function, and/or GI intolerance.

Vital® AF 1.2 is designed to promote tolerance with ingredients that include advanced blend of hydrolyzed protein, structured lipid, and prebiotic (NutraFlora® scFOS®). Specifically, Vital AF 1.2 Cal contains MCT/canola oil structured lipid. Structured lipids are well-tolerated1-2 and absorbed1 fats to promote absorption of fatty acids. It also includes1.2g of nutraFlora scFOS/8 fl oz (5.1g/L). scFOS are prebiotic fibers that stimulate the growth of beneficial bacteria in the colon. 3,4,5 This formulation includes EPA (2.7g/L) and DHA (1.1g/L) from refined fish oil to help modulate inflammation and support immune function8,9; 75g/L protein to meet the increased protein needs of stressed patients and support healing10; 25.8 mcg/L vitamin D to help meet the increased vitamin D needs of critically ill patients11,12; and antioxidants vitamins C & E and selenium to help reduce free radical damage6-7.

 ***Vital® 1.5 Cal*** is calorically dense, peptide-based therapeutic nutrition that provides complete, balanced nutrition for long-or-short-term tube feeding with ingredients to manager inflammation, impaired GI function, and/or GI intolerance.

Vital® 1.5 Cal is designed to promote tolerance with ingredients that include an advanced blend of hydrolyzed protein, structured lipid, and prebiotic (NutraFlora® scFOS®). Specifically, Vital 1.5 Cal contains MCT/canola oil structured lipid. Structured lipids are well-tolerated1-2 and absorbed1 fats to promote absorption of fatty acids and 1.4g of nutraFlora scFOS/8 fl oz (6g/L). scFOS are prebiotic fibers that stimulate the growth of beneficial bacteria in the colon. 3,4,5 This formulation includes elevated antioxidants vitamins C & E and selenium to help reduce free radical damage.6,7

***Vital® High Protein®*** is peptide-based therapeutic nutrition that provides complete, balanced nutrition for long-or short-term tube feeding to help manage inflammation and symptoms of GI intolerance in patients requiring a high-protein, low-fat diet.

Vital High Protein contains elevated antioxidants vitamins C & E and selenium to help reduce free radical damage6,7; EPA (2.3g/L) and DHA (.9g/L) from refined fish oil to help modulate inflammation and support immune function8,9; 21.1 mcg/L vitamin D to help meet the increased vitamin D needs of critically ill patients11,12

***<Vital Formulation you are prescribing>*** is specifically designed to meet the nutritional needs of adults with malabsorption, maldigestion or GI impairment due to conditions such as the following:

*Indicate diagnosis and ICD-10 code*

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***<Vital Formulation you are prescribing>*** is a medical food that must be used under medical supervision. Your approval of this request for reimbursement of as **<Vital Formulation you are prescribing>**will make a significant difference in the health of this patient.

Sincerely,

(Physician's Signature)

(Physician's Printed Name)

1. Kenler AS, et al. Ann surg. 1996; 223 (3):316-333
2. McKenna MC, et al. J Pediatr Gastroenterol Nutr. 1985;4 (1): 45-51
3. Bornet FR, et al. Nutr Rev. 2002;60 (11):326-334
4. Tokunaga T, et al. Bifidus. 1993;6 (2): 143-150
5. Bouhnik Y, et al. Nutr J. 2007;6:42-48
6. Institute of Medicine (US) Panel on Deitary Antioxidants and Related Compounds. Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids. Washington (DC): National Academies Press (US); 2000.
7. Sies H. Redox Biol. 2015; 4: 180-183.
8. Calder PC. Postaglandins Leukot essent Fatty Acids. 2008; 79:102-108.
9. Calder PS. Clin Nutr. 2010; 29:5-12.
10. McClave SA, et al. JPEN J parenter Enteral nutr. 2016; 40(2):159-211.
11. Lee P, et al. Intensive Care Med. 2009; 360(18): 2028-2032
12. Lee P, et al. N Engl J Med. 2009; 360(18): 1912-1914

# Enclosure(s): Prescription, Doctor’s Notes and Reports, etc

This letter is intended to be used as a template and customized by the physician for each patient. Each healthcare provider is ultimately responsible for verifying codes, coverage, and payment policies used to ensure that they are accurate for the services and items provided. Providers should consult with the insurance plan for complete and accurate details concerning documentation for claims. Abbott Nutrition does not guarantee reimbursement by any third-party insurance plan and will not reimburse physicians or providers for claims denied by third-party insurance plans.

***Product and Reimbursement Information for***

**Vital 1.0 Cal, Vital AF 1.2 Cal, Vital 1.5Cal, Vital High Protein**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Packaging** | **Calories per****Container** | **NDC-format****Code\*** | **HCPCS****Code** |
| Vital 1.0 Cal | 8-fl-oz Recloseable Carton cascasecaswcasecase) | 237 | 70074-0648-29 | B4153 |
| Vital 1.0 Cal | 1000-mL Ready-to-Hang | 1000 | 70074-0627-12 | B4153 |
| Vital AF 1.2 Cal | 8-fl-oz Recloseable Carton | 284 | 70074-0648-26 | B4153 |
| Vital AF 1.2 Cal | 1000-mL Ready-to-Hang | 1200 | 70074-0627-16 | B4153 |
| Vital 1.5 Cal | 8-fl-oz Recloseable Carton | 355 | 70074-0646-24 | B4153 |
| Vital 1.5 Cal | 1000-mL Ready-to-Hang | 1500 | 70074-0627-14 | B4153 |
| Vital High Protein | 8-fl-oz Recloseable Carton | 237 | 70074-0648-17 | B4153 |
| Vital High Protein | 1000-mL Ready-to-Hang | 1000 | 70074-0630-82 | B4153 |

\*Abbott Nutrition does not represent these codes to be actual National Drug Codes (NDCs). NDC-format codes are product codes adjusted according to standard industry practice to meet the format requirements of pharmacy and health insurance systems.