***Ensure®Harvest* Sample Letter of Medical Necessity**

(Insert Provider Letterhead and Address)

(Date)

(Health Insurance Plan Contact)

(Title)

(Name of Health Insurance Plan)

(Address)

(City, State, Zip)

Insured: (Name)

Policy Number: (Number)

Group Number: (Number)

Dear (Name of Contact)

I am requesting insurance coverage and reimbursement of *EnsureHarvestTM* for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­.

 (patient’s name)

The use of *Ensure Harvest*, a complete nutrition blend for tube feeding, is necessary for the medical management of 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/containers per day of *Ensure Harvest*.

*Ensure Harvest* is a complete nutrition blend including a variety of real-food ingredients from sources such as mango, spinach, carrot, pumpkin and banana. It provides three combined servings\*of fruits and vegetables per liter and one serving†of organic whole grains per liter. *Ensure Harvest* provides an excellent source of plant-based protein from soy and organic rice.

*Ensure Harvest* is designed to help meet the dietary needs of patients with:

|  |
| --- |
| * Allergy to milk products (Z91.011)
* Celiac Disease (K90.0)
* Feeding difficulties (R63.3)
* Lactose intolerance, unspecified (E73.9)
* Failure to thrive (R62.7)
* Abnormal weight loss (R63.4)
* Kwashiorkor (E40)
* Nutritional marasmus (E41)
* Underweight (R63.4)
* Unspecified severe protein-calorie malnutrition (E43)
* Unspecified protein-calorie malnutrition (E46)
* Protein-calorie malnutrition of moderate and mild degree (E44)
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

*Ensure Harvest* is a medical food for the dietary management of nutrient deficiency and is used under supervision of a medical professional. Your approval of this request for coverage and reimbursement will make a significant difference in the health of this patient.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Physician’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Physician’s Printed Name)

\*1 serving=1 cup

†1 serving=1 oz eq

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

This letter is intended to be used as a template and customized by the physician for each patient. The list of diagnoses and ICD-10 codes contained in this letter is not all-inclusive. 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.

Source of ICD-10 codes: <https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx>

***Product and Coding Information for Ensure Harvest***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product** | **Packaging** | **Calories per Container** | **NDC-format Code\*** | **HCPCS Code** |
| ENSURE HARVEST | 24-237 mL Recloseable Cartons  | 285 | 70074-0679-65 | B4149 |

\*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