***Nepro®* 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 *Nepro* for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­.

(patient’s name)

The use of *Nepro*, therapeutic nutrition for people on dialysis, 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 *Nepro*.

*Nepro* is therapeutic nutrition specifically designed to help meet the nutritional needs of patients on dialysis. It contains a unique blend of slow-release carbohydrates designed to help minimize blood sugar spikes. It provides an excellent source of high-quality protein (19 g/237 mL) to replace protein lost during dialysis. Additionally, it includes a vitamin and mineral profile designed for people on dialysis, is high in calories (1.8 Cal/mL), is low in phosphorus, potassium and sodium and is a good source of fiber, including prebiotics.

In a study of Nepro® as supplemental nutrition, patients on dialysis had increased serum albumin, increased serum prealbumin and improved nutritional status as signified by Subjective Global Assessment (SGA).1

*Nepro* is designed to meet the dietary needs of patients with:

* Acute Kidney Failure, unspecified (N17.9)
* Chronic Kidney Disease, unspecified (N18.9)
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Nepro* is a medical food for the dietary management of kidney disease and is intended for use 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. Caglar K, et al Kidney Int. 2002;62(3):1054-1059.

# 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 Nepro***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product** | **Packaging** | **Calories per Container** | **NDC-format Code\*** | **HCPCS Code** |
| Nepro  (Vanilla) | 24 – 237 mL recloseable cartons | 420 | 70074-0647-99 | B4154 |
| Nepro  (Butter Pecan) | 24 – 237 mL recloseable cartons | 420 | 70074-0647-97 | B4154 |
| Nepro  (Mixed Berry) | 24 – 237 mL recloseable cartons | 420 | 70074-0647-95 | B4154 |
| Nepro  (Unflavored) | 8 – 1L  Ready-to-Hang bottles | 1770 | 70074-0626-70 | B4154 |

\*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