## PediaSure 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 *PediaSure Harvest for* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Patients Name)

The use of *PediaSure Harvest,* a nutritionally complete formula made with organic fruits, vegetables, and grains to support growth and development in children, is necessary for the medical management of this patient.

Patient Information (to be completed by the physician)

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

Based on my patient’s current medical condition, I am prescribing ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_calories & \_\_\_\_\_\_oz/mL per day of *PediaSure Harvest*.

*PediaSure Harvest* is a nutritionally complete, tube feeding formula made with real food ingredients such as mango, spinach, pumpkin, banana, and carrot juice concentrate. . It was designed for those who prefer a tube feeding formula that includes real food ingredients for their child but can also be consumed orally at the discretion of the health care professional. *PediaSure Harvest* can help meet energy requirements of pediatric patients who have inadequate oral intake and need enteral nutrition support for growth and development via tube feeding*.*

*PediaSure Harvest* was designed to meet 100% of DRIs for vitamins and minerals requirements of children 1 to 13 years of age in 1 liter of product, supplying 25 vitamins and minerals, protein, carbohydrates, and fat blends to specifically meet the nutrient requirements of patients being administered blenderized formula.

*PediaSure Harvest* provides a good source of protein from soy and organic rice.

Carbohydrate sources in *PediaSure Harvest* are provided primarily from fruit and vegetable purees and whole-grain, milled brown rice. A high phytonutrient blend of organic fruits and vegetables was used to provide 6 half-cup servings of fruits and vegetables in one liter of product. Fat sources are derived from high oleic safflower oil, soy oil, and tuna oil in order to meet the fatty acid requirements of 1 to 13- year-old kids. The C. Cohnii oil is used to provide DHA, which is important for growing children.

*PediaSure Harvest* is designed to meet the dietary needs of children with the following conditions:

* GI Conditions (K59-)
* Lactose Sensitivity (E73-) Kwashiorkor (E40)
* Nutritional marasmus (E41)
* Marasmic kwashiorkor (E42)
* Unspecified severe protein-calorie malnutrition (E43)
* Protein-calorie malnutrition of moderate and mild degree (E44)
* Retarded development following protein-calorie malnutrition (E45)
* Unspecified protein-calorie malnutrition (E46)
* Feeding Difficulties (R63.3)
* Abnormal Weight loss (R63.4)
* Failure to Thrive (R62.51)
* Underweight (R63.6)
* Celiac Disease (K90.0)
* Other conditions in which a real food blend diet would be beneficial (e.g., tube feeding- associated GI intolerance, critical illness-associated GI dysfunction)

***(– Means code can be used in the entire family ending with the last digit)***

*PediaSure Harvest* should be used under medical supervision. Most pharmacies and homecare

suppliers have policies that require a prescription to purchase this product. A prescription helps assure the supplier is providing the appropriate product and the patient is receiving medical supervision.

Your approval of this request for reimbursement of *PediaSure Harvest* will make a significant difference in the health of this patient.

Sincerely,

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

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

## 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 PediaSure Harvest***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age** | **Product** | **Packaging** | **Calories per Carton** | **NDC-format Code\*\*** | **HCPCS**  **Code** |
| Over 1 Year of Age | PediaSure Harvest | 24 – 237 mL  reclosable cartons | 240 | 70074-0679-63 | 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.