***PediaSure Peptide®* 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 Peptide* for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Patient’s Name)

The use of *PediaSure Peptide,*a nutritionally complete, peptide-based formula, 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/bottles per day of *PediaSure Peptide*.

*PediaSure Peptide* is a nutritionally complete, peptide-based formula for the nutritional needs of children with malabsorption, maldigestion and other GI conditions in which a peptide-based formula is appropriate. PediaSure Peptide contains a nutrient blend designed to help support tolerance and absorption, including:

* Prebiotics from Nutraflora® scFOS®\*,
* 60% MCT and structured lipids,
* Hydrolyzed, whey-dominant protein

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

* Crohn’s Disease, unspecified (K50.90)
* Ulcerative Colitis, unspecified w/o complications (K51.90)
* Functional digestive disorder, unspecified (K59.9)
* Postsurgical malabsorption, not elsewhere classified (K91.2)
* Noninfectious gastroenteritis and colitis, unspecified (K52.9)
* Other chronic pancreatitis (K86.1)
* Cerebral Palsy, unspecified (G80.9)
* Acute pancreatitis, unspecified (K85.9)
* Failure to thrive (child) (R62.51)
* Fat Malabsorption, Protein Maldigestion (K90-)
* Lactose Sensitivity (E73.9)
* Other conditions in which a peptide-based diet would be beneficial (e.g., tube feeding- associated GI intolerance, critical illness-associated GI dysfunction, early enteral feeding, transition from TPN)

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

*PediaSure* Peptide is a medical food 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)

\*Nutraflora® and scFOS9® are not registered trademarks of Abbott Laboratories

# 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. It is ultimately the responsibility of the health care professional/persons associated with the patient's care to determine and document the appropriate diagnosis(es) and code(s) for the patient's condition. Abbott Nutrition does not guarantee that the use of any information provided in this letter will result in coverage or payment by any third-party payer.

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

***Product and Coding Information for PediaSure Peptide***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age** | **Product** | **Packaging** | **Calories per Container** | **NDC-format Code\*** | **HCPCS Code** |
| 1-13 years  | PediaSure Peptide 1.0 Cal (Unflavored) | 24 – 237 mL bottles | 237 | 70074-0674-14 | B4161 |
| 1-13 years | PediaSure Peptide 1.0 Cal (Vanilla) | 24 – 237 mL bottles | 237 | 70074-0674-10 | B4161 |
| 1-13 years | PediaSure Peptide 1.0 Cal (Strawberry) | 24 – 237 mL bottles | 237 | 70074-0674-12 | B4161 |
| 1-13 years | PediaSure Peptide 1.0 Cal (Unflavored) | 8 – 1L Ready-to-Hang bottles | 1000 | 70074-0674-16 | B4161 |
| 1-13 years | PediaSure Peptide 1.5 Cal (Vanilla) | 24 – 237 mL bottles | 356 | 70074-0674-18 | B4161 |
| 1-13 years | PediaSure Peptide 1.5 Cal (Unflavored) | 8 – 1L Ready-to-Hang bottles | 1500 | 70074-0674-20 | B4161 |

\*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