***Juven®* 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 *Juven®* for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­.

 (patient’s name)

The use of *Juven*, a therapeutic nutrition drink mix to support wound healing, 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 \_\_\_\_\_\_\_\_\_\_\_packets per day of *Juven*.

*Juven* is a therapeutic nutrition drink mix with a unique blend of key ingredients to support wound healing. *Juven* provides conditionally essential nutrients that have been clinically shown to support wound healing by enhancing collagen formation in as little as 2 weeks,\*,1 and to help build and maintain lean body mass (LBM) in 4 weeks.ϯ,2

*Juven* contains arginine to support blood flow and is a building block for proteins, which can contribute to wound healing. It contains glutamine which is involved in fibroblastic formation of collagen and supports the immune system. Additionally, it contains CaHMB (calcium B-hydroxy-B-methylbutrate), a metabolite of leucine that helps produce new tissue by slowing down muscle breakdown and stabilizing muscle cell membrane.3

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

|  |
| --- |
| * Type 2 diabetes mellitus with foot ulcer (E11.621)
* Pressure ulcer of unspecified (L89.90)
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

*Juven* is a medical food for the dietary management of wounds 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)

\*Studied in healthy elderly adults in a wound-healing model, taking two servings per day.

ϯIn patients with cancer cachexia.

1. Williams JZ, et al. *Ann Surg*. 2002;236:375.

2. May PE, et al. *Am J Surg*. 2002;183:471-479.

3. Clark RH, et al. *JPEN*. 2000;24:133-139.

# 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 Juven***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product** | **Packaging** | **Calories per Packet** | **NDC-format Code** | **HCPCS Code** |
| Juven (Orange) | 27.5g packet/30 packets per carton | 90 | 59781-0666-78 | B4155 |
| Juven (Fruit Punch) | 28.8g packet/30 packets per carton | 95 | 59781-0666-84 | B4155 |
| Juven (Unflavored) | 23g packet/30 packets per carton | 80 | 59781-0666-87 | B4155 |

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