**EleCare 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 *EleCare* for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­. The use of *EleCare,*a hypoallergenic amino acid-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)

*EleCare* is a nutritionally complete, hypoallergenic amino acid-based formula for infants who cannot tolerate intact or hydrolyzed protein. *EleCare* is for the dietary management of protein maldigestion, malabsorption, severe food allergies, short-bowel syndrome, eosinophilic GI disorders, GI-tract impairment, or other conditions in which an amino acid-based diet is required.

Based on my patient’s current medical condition, I am prescribing \_calories & oz/mL per day of *EleCare*.

*EleCare* is being prescribed for this patient with the following condition(s):

* Sensitivity to Intact Protein, Allergic Colitis (Z91.01-, K52.2)
* GI Conditions (K59-)
* Eosinophilic GI Disorder (K20.0)
* Eosinophilic Gastritis or Gastroenteritis (K52.81)
* Eosinophilic Colitis (K52.82)
* Short Bowel Syndrome (K90-, K91.2)
* Fat Malabsorption, Protein Maldigestion (K90-)
* Food Allergy (Z91.01-)
* Lactose Sensitivity (E73.9)
* Galactosemia (E74.21)
* Celiac Disease (K90.0)
* Other conditions in which a free amino acid-based (elemental) 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)***

***Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*EleCar*e is an infant formula that must 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.

The HCPCS code for *EleCare* is B4161. 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)

# 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 EleCare***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age** | **Product** | **Packaging** | **Calories per Can** | **NDC-format Code\*** | **HCPCS Code** |
| 0-12 months | EleCare (Unflavored) | 6 – 400 gm cans | 1900 | 70074-0535-11 | 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