**EleCare Jr 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 Jr* for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­. *EleCare Jr* isa hypoallergenic amino acid-based medical food for ages 1 and older who cannot tolerate intact or hydrolyzed protein and must be used under medical supervision.

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 Jr* 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 Jr.*

*EleCare Jr* 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

The HCPCS code for *EleCare Jr* is B4161. 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 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. 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 EleCare Jr***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Age** | **Product** | **Packaging** | **Calories per Can** | **NDC-format Code\*** | **HCPCS Code** |  |
| Over 1 Year of Age | EleCare Jr Unflavored | 6 – 400 gm cans | 1876 | 70074-0552-54 | B4161 |  |
| Over 1 Year of Age | EleCare Jr Vanilla | 6 – 400 gm cans | 1876 | 70074-0565-86 | B4161 |  |
| Over 1 Year of Age | EleCare Jr Chocolate | 6 – 400 gm cans | 1876 | 70074-0662-71 | B4161 |  |
| Over 1 Year of Age | EleCare Jr Banana | 6 – 400 gm cans | 1876 | 70074-0662-76 | 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