

Template Letter of Medical Necessity*

To: _____
(Insurance Company)

Date: _____

From: _____
(Physician's Name)

SUBJECT: Insurance Coverage Request for EleCare® or EleCare® Jr (specify specific product)

I am requesting insurance coverage and reimbursement of **EleCare/EleCare Jr** for my patient, _____. The use of an amino acid-based formula such as **EleCare/EleCare Jr** is a key component of the medical management for 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 **EleCare** (for infants) / **EleCare Jr** (for children ages 1 and up) **SPECIFY EITHER ELECARE OR ELECARE JR.**

EleCare & EleCare Jr are nutritionally complete, hypoallergenic amino acid-based formulas specifically for dietary management of infants and children who cannot tolerate hydrolyzed protein.

EleCare (infants ages 0-12 months) & **EleCare Jr** (children over 1 year of age) are designed to meet the dietary needs of infants and children with the following conditions:

- Sensitivity to Intact Protein, Allergic Colitis (558.3)
- GI Conditions (536.9)
- Eosinophilic GI Disorder (558.4)
- Short Bowel Syndrome (579.3)
- Fat Malabsorption, Protein Maldigestion (579.9)
- Food Allergy (693.1)
- Lactose Sensitivity (271.3)
- Galactosemia (271.1)
- Celiac Disease (57J.0)
- Other conditions in which an **EleCare** diet would be beneficial (e.g., tube feeding-associated GI intolerance, critical illness-associated GI dysfunction, early enteral feeding, transition from TPN)

EleCare is classified by the FDA as an "exempt infant formula" and **EleCare Jr** as a "medical food". Both products 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.

Your approval of this request for reimbursement of **EleCare/EleCare Jr** 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

Product and Reimbursement Information for EleCare & EleCare Jr

Age	Product	Packaging	Calories per Can	NDC-format Code**	HCPCS Code
0-12 months	EleCare DHA/ARA	6 – 400 gm cans	1900	70074-0535-11	B4161
Ages 1+	EleCare Jr Unflavored	6 – 400 gm cans	1876	70074-0552-54	B4161
Ages 1+	EleCare Jr Vanilla	6 – 400 gm cans	1876	70074-0565-86	B4161

*This letter is intended to be used as a template and customized by the physician for each patient. The list of diagnoses and ICD-9 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.

**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.