

## 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
- # 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:

- Protein Maldigestion
- Eosinophilic GI Disorders
- Malabsorption
- GI Tract Impairment
- Short-bowel Syndrome
- Other conditions in which an elemental (free amino acid-based) diet is required
- Severe Food Allergies

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. This product is not sold over the counter and 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**

<b>Age</b>	<b>Product</b>	<b>Packaging</b>	<b>Calories per Can</b>	<b>NDC-format Code*</b>	<b>HCPCS Code</b>
0-12 months	EleCare DHA/ARA	6 – 400 gm cans	1900	70074-0535-11	B4161
Ages 1+	EleCare Jr Unflavored	6 – 400 gm cans	1860	70074-0552-54	B4161
Ages 1+	EleCare Jr Vanilla	6 – 400 gm cans	1860	70074-0565-86	B4161

***Discontinued Product***

<b>Age</b>	<b>Product</b>	<b>Packaging</b>	<b>Calories per Can</b>	<b>NDC-format Code*</b>	<b>HCPCS Code</b>
Ages 1+	EleCare Unflavored	6 – 400 gm cans	1900	70074-0546-66	B4161
Ages 1+	EleCare Vanilla	6 – 400 gm cans	1900	70074-0594-06	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.