***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for Novasource® Renal formula.

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.*** I have prescribed Novasource® Renal formula, manufactured by Nestlé HealthCare Nutrition Inc. for the dietary management of *Diagnosis or Condition.*

*Verify medical necessity for formula, including: diagnosis, documented failure or intolerance to other formulas, current HT/WT/IBW, history of wt loss, pertinent lab results, medications, potential outcome if formula were denied.*

Novasource® Renal formula is a nutritionally complete formula for patients age 13 to adult. This product is intended for the nutritional management of patients with renal failure, electrolyte restrictions, and/or fluid restrictions. The product can be used as a complete tube feeding or oral supplement. Novasource® Renal formula is a medical food intended for use under the supervision of a medical professional.

Novasource® Renal is a calorically-dense, nutritionally complete formula to meet the needs of patients with renal impairment.  It is formulated to meet the needs of patients with chronic kidney disease on dialysis and acute kidney injury. The formula has levels of the electrolytes potassium and sodium that are specifically designed to be appropriate for renal patients. Novasource® Renal formula is recognized by the Centers for Medicare and Medicaid Services (CMS) as “an enteral formula, nutritionally complete special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube” found in HCPCS Category B4154.

Thank you for taking the time to review this request. Please contact me should you require any additional information.

Sincerely,

Signature:

Name:

Title:

Attachments: *If relevant, include pertinent information supporting evidence of medical necessity and product information. Please refer to* [*www.NestleHealthScience.us*](http://www.NestleHealthScience.us) *for product information.*