**LETTER OF MEDICAL NECESSITY: Essential Care Jr.**

**Date:**

**Patient:**

**D.O.B:**

**Policy Number:**

To Whom It May Concern:

We are writing this letter to request insurance coverage of Essential Care Jr. for my patient, **[PATIENT NAME]**. **[FIRST NAME]** has a diagnosis of **[DIAGNOSIS]** and I have determined that this formula is medically necessary. **[IF APPROPRIATE]** Essential Care Jr. has been prescribed as **[FIRST NAME]**’s sole source of nutrition.

My patient’s current weight is **[WEIGHT]** kg and height is **[HEIGHT]** cm. Based on **[FIRST NAME]**’s medical condition, I am prescribing **[CALORIES]** per day or **[FORMULA VOLUME]** fl oz per day of Essential Care Jr. Formula volume and calories may be adjusted as needed based on changes in nutritional needs.

Essential Care Jr. is a nutritionally complete, hypoallergenic amino acid-based formula intended for children over 1 year of age who cannot tolerate hydrolyzed protein. My patient has been diagnosed with one or more of the following conditions:

|  |  |
| --- | --- |
| Atopic dermatitis due to food allergy (L27.2)  Allergic rhinitis due to food allergy (J30.5)  Allergic gastroenteritis/colitis (K52.2)  Eosinophilic esophagitis (K20.0)  Eosinophilic gastritis or gastroenteritis (K52.81)  Eosinophilic colitis (K52.82)  Gastroesophageal reflux disease (K21.9) | Bloody stool(s) (K92.1)  Failure to thrive (R62.51)  Underweight (R63.6)  Short bowel syndrome (K91.2)  Malabsorption (K90.0)  Other conditions in which a free amino acid-based formula would be beneficial, please specify: |

Essential Care Jr. is not a drug; however, the FDA classifies Essential Care Jr. as a “Medical Food,” which must be used under medical supervision. A prescription helps assure the supplier is providing the appropriate product and the patient is receiving medical supervision. We appreciate your attention to this request for **[PATIENT NAME]** medical food. The nutrition status of this patient will be monitored by **[MEDICAL PROVIDER]**. Please do not hesitate to contact us if you have any questions.

Your approval of this request for reimbursement of Essential Care Jr. will have a significant impact on the medical care and health of this patient.

Sincerely,

**[Physician name, M.D.]**

**[Physician’s credentials, contact info, clinic name]**

**[Dietitian name, RD, LDN]**

Cc: **[Parents’ names]**

**Product and Reimbursement Information for Essential Care Jr.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Product** | **Flavor** | **Packaging** | **Product Code** | **Calories/Pouch** | **NDC-format code\*** | **HCPCS Code** |
| Essential Care Jr. | Unflavored | 6 x 400 g pouches | 48021 | 1904 | 24359 0801 13 | B4161 |
| Essential Care Jr. | Vanilla | 6 x 400 g pouches | 48022 | 1904 | 24359 0802 13 | B4161 |
| Essential Care Jr. | White Chocolate | 6 x 400 g pouches | 48023 | 1904 | 24359 0803 13 | B4161 |
| Essential Care Jr. | Citrus | 6 x 400 g pouches | 48024 | 1904 | 24359 0804 14 | B4161 |

\* Ajinomoto Cambrooke does not represent these codes to be 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.