From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Physician Name & Subscriber Name)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Subscriber ID Number)*

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insurance Provider)*

**SUBJECT: Insurance Coverage Request for Duocal ®**

To whom it may concern:

I am requesting insurance coverage and reimbursement for my patient, NAME, born on D.O.B., for whom I have prescribed the use of **DUOCAL**, a high energy, protein-free, powdered medical food. DUOCAL is indicated for the dietary management of conditions where a high‐energy, low‐fluid, low‐electrolytes diet is needed; protein‐restricted diets; disorders of protein and amino acid metabolism; malabsorptive states; modular diets; and catabolic states (e.g. burns, trauma, post‐operative stress). DUOCAL is soluble in liquids and moist foods without altering taste or texture. It contains a unique dual energy source of carbohydrate and fat . DUOCAL is manufactured by SHS International and distributed by Nutricia North America.

**Based on this patient’s clinical history, I have determined that this product is medically necessary.**

At diagnosis, my patient’s weight was WEIGHT (kg) and height was HEIGHT (cm). My patient’s present weight is WEIGHT (kg) and length is LENGTH (cm). He/She will require CALORIES kcal per day or SCOOPS (5 gram scoop = 25 Kcal) per day of **DUOCAL**. This amount may be adjusted as his/her nutritional needs change.

**DUOCAL** is flavorless and is appropriate for oral and tube feeding. In this case, it will be administered \_\_\_\_\_\_\_\_\_\_ (orally/by tube).

My patient has been diagnosed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CONDITION(s)).

 **DUOCAL is a specially formulated medical food and should only be used under medical supervision. DUOCAL** needs to be special ordered through a pharmacy/ homecare supplier or directly from Nutricia North America**.** Many pharmacies and homecare suppliers have policies that require a special order to purchase **DUOCAL** to ensure that the appropriate product is being dispensed and the patient is receiving medical supervision. This patient’s clinical nutritional status will be monitored by a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ADD HEALTH CARE PROFESSIONAL TYPE).

Your approval of this request for assistance with medical care and reimbursement of the formula would have a significant positive impact on this patient’s health.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title – Center/Hospital/Institution/Practice*

Enclosures: Current Growth Chart, Letter of Dictation, Reports, Prescription

**Product and Reimbursement Information for DUOCAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Product Code** | **Packaging** | **Calories per Can** | **NDC-format Code**\* | **HCPCS Code** |
| **DUOCAL** | 118262 | 6x 400 g (14.1 oz) | 1968 | 49735-0182-62 | B4155 |

*\*Nutricia North America does not represent 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.*

This letter is intended to be used as a template and customized by the physician for each patient. Nutricia does not guarantee that the use of any information provided in this letter will result in coverage or payment by any third-party payer.