

Letter of Medical Necessity

Date:(MM/DD/YYYY) _____

To: (Insurance company) _____

From: (Physician name) _____

**Subject: Request for coverage/reimbursement Kate Farms® Pediatric Standard 1.2
vanilla/chocolate**

I am requesting insurance coverage and reimbursement for my patient, (Name) _____, (DOB as MM/DD/YYYY) _____, for whom I have prescribed the use of Kate Farms® Pediatric Standard 1.2. Based on this patient's clinical history, and diagnosis of medical condition/diagnosis, I have determined that the formula indicated above is medically necessary.

My patient's current measurements are:

Weight: _____

Height/Length: _____

BMI/BMI Percentile: _____

Weight History: _____

Pertinent Labs and/or Medications (if applicable): _____

The potential health of this patient will decline if this formula is not covered and could result in (List out potential health outcomes if denied) _____.

The unique formulation of Kate Farms® Pediatric Standard 1.2 provides a complete nutrition profile for those patients ages 1 year and up through adulthood and may be the *sole source of nutrition or supplemental nutrition* for this patient to be taken orally or via tube feeding. The formula is calorically dense at 1.2kcal/mL to meet needs with less volume. It also contains ingredients such as prebiotic fiber from organic agave inulin, as well as organic MCT oil (4.5g per carton). MCT oil is an easily digestible plant-based fat source. Kate Farms® Pediatric Standard 1.2 is recognized by the Centers for Medicare and Medicaid Services in the category of B4160 as an "enteral formula, for pediatrics, nutritionally complete, calorically dense (equal to or greater than 0.7kcal/mL with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit."

Clinical malnutrition is becoming a growing problem in our country, and more than 50% of those adults who are hospitalized, are estimated to be malnourished.¹ Estimations for pediatric malnutrition have been reported to be between 6-51%. It is known that with the

diagnosis of malnutrition in pediatric patients, comes a three-fold increase in overall hospital cost. With malnutrition comes a two-and-a-half time increase in hospital length of stay, increase in comorbidities, and 3.5-fold increase in home care needs following discharge. ²

Since Kate Farms® Pediatric Standard 1.2 can be taken orally or via a feeding tube, it can support the nutritional management of patients with malnutrition and chronic conditions to help decrease overall health care costs. Literature on the use of nutritional supplements in adult hospitalized patients has displayed an overall decrease in readmission (6.7%), overall episode cost (21.6% decrease), and in length of stay (21% decrease).³

[OPTIONAL INFORMATION TO INCLUDE] In addition to the above, to date, my patient has *failed* to tolerate other products including: (insert failed products here) _____, as evidenced by:

- Failure to meet weight gain goals
- Nausea and/or vomiting
- Diarrhea
- Constipation
- Heartburn/GERD
- Excessive gas and/or bloating
- Abdominal pain/cramps
- Increased mucus production
- Early Satiety
- Abnormal Labs
- __Add additional symptoms, if applicable__
- __Add additional symptoms, if applicable__

The composition of Kate Farms® Pediatric Standard 1.2 is made without the top 8 allergens including gluten, dairy, soy, peanuts, tree nuts, eggs, fish, and shellfish. Kate Farms® medical products contain all nine essential amino acids from pea protein with additional l-cysteine to provide a Protein Digestibility Corrected Amino Acid Score (PDCAAS) of 1.0. The formula includes organic ingredients as well as an organic phytonutrient blend designed to improve markers of oxidative stress.⁴

For the above-outlined medical reasons, I am prescribing the following:

- Kate Farms®** Pediatric Standard 1.2 Vanilla
- Kate Farms®** Pediatric Standard 1.2 Chocolate

Based on my patient's current medical condition, I am prescribing:

_____ CALORIES (_____ OUNCES per day)
_____ % of daily caloric needs

This equates to (number of 250 mL Tetrapack cartons) _____ Tetrapack cartons daily.

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 of prescribing provider

Date

Printed Name of prescribing provider

Title

Title – Center/Hospital/Institution/Practice

Encouraged Enclosures to be attached: Current Growth Chart, Letter of Dictation, Reports, Prescription

Kate Farms, Inc. is providing this template to assist medical providers in communicating with insurance companies when a medical provider determines that Kate Farms' products should be part of a patient's care. Kate Farms, Inc. does not evaluate individual patients and does not participate in the determination of what constitutes proper care. Health Care providers should evaluate each of their patients to determine the best treatment for the patient's condition, which may include prescribing Kate Farms' products.

- 1 Robinson, MK., Trujillo, EB., Mogensen, KM., Rounds, J., McManus K., Jacobs, DO. (2003). Improving nutritional screening of hospitalized patients: the role of prealbumin. *Journal of Parenteral and Enteral Nutrition*;27(6):389-395.
- 2 Abdelhadi, R., Bouma, S., Bairdain, S., Wolff, J., Legro, A., et al. (2016). Characteristics of Hospitalized Children with a Diagnosis of Malnutrition. *J Parenteral and Enteral Nutr*;40(5):623-635.
- 3 Bauer, JD., Isenring, E., Torma, J., Horsely, P., Martineau, J. (2007). Nutritional Status of patients who have fallen in an acute care setting. *J Human Nutrition and Dietetics*;20(6):558-564.
- 4 Nemzer, B., Chang, T., Xie, Z., Pietrzowski, Z., Reyes, T., & Ou, B. (2014). Decrease of free radical concentrations in humans following consumption of a high antioxidant capacity natural product. *Food Science & Nutrition*, 2(6), 647–654. <http://doi.org/10.1002/fsn3.146>