

**Letter of Medical Necessity**

**Date:** \_\_\_\_\_  
**To:** \_\_\_\_\_  
**From:** \_\_\_\_\_

**Subject: Request for coverage of Kate Farms® Pediatric Blended Meals Mango & Straw, Squash & Carrot, Banana & Blue**

I am requesting insurance coverage and reimbursement for my patient, \_\_\_\_\_, \_\_\_\_\_, for whom I have prescribed the use of Kate Farms® Pediatric Blended Meals. Based on this patient’s clinical history, and diagnosis of \_\_\_\_\_, I have determined that the formula indicated above is medically necessary.

My patient’s current measurements are:

Weight: \_\_\_\_\_  
Height: \_\_\_\_\_  
BMI/BMI Percentile: \_\_\_\_\_  
Weight History:

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Pertinent Labs and/or Medications (if applicable):

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Kate Farms® Pediatric Blended Meals are formulated to meet the nutrition needs of children ages 1 to 13 years and may be the sole source of nutrition or supplemental nutrition for this patient to be taken orally or via tube feeding. The product may be used in children over the age of 13 and through adulthood, in volumes deemed appropriate by the prescribing clinician. Kate Farms® Pediatric Blended Meals are made for tolerance and contains real fruits and vegetables for gut microbiome support, as well as organic medium chain triglycerides (MCT from coconut) for easy fat absorption.

Kate Farms® Pediatric Blended Meals may be used to provide nutritional support to patients that experience inadequate intake or increased nutrient needs, intolerance to other standard pediatric tube feeding formulas, food allergy, protein-calorie malnutrition or failure to thrive, impaired GI function related to CMPA or celiac disease. The formula is recognized by the Centers for Medicare and Medicaid Services (CMS) as “Enteral formula, blenderized natural

foods with intact nutrients, includes, proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit” found in the HCPCS Category B4149.

The use of tube feeding formulas made from whole foods and designed to be sole source have been shown to be beneficial for a number of medical conditions or feeding problems often associated with formula intolerance. These include improved bowel function, decreased reflux, gagging and retching, and decreased hospitalizations.<sup>1</sup>

Additionally, Kate Farms® Pediatric Blended Meals do not contain corn ingredients and are made without the top 9 allergens including milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, soybeans, and sesame and is gluten free to support the need for pediatric patients who require elimination of these ingredients. Kate Farms® Pediatric Blended Meals contain all nine essential amino acids from pea protein with additional L-Cysteine, L-Carnitine, L-Leucine, L-Lysine Hydrochloride, L-Threonine, L-Tryptophan, Taurine to provide a Protein Digestibility Corrected Amino Acid Score (PDCAAS) of 1.0. The formula includes a blend of vitamins and minerals and meets or exceeds 100% of the Dietary Reference Intakes (DRI) for 25 micronutrients and protein in 875 mL (children 1-3 years old), 950 mL (children 4-8 years old), or 1450 mL (children 9-13 years old).

Clinical malnutrition is becoming a growing problem in our country with estimations for pediatric malnutrition 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.<sup>2</sup>

Kate Farms® Pediatric Blended Meals can support the nutrition of patients with malnutrition and chronic conditions and may help decrease overall health care costs. Malnutrition-related inpatient stays are up to twice as costly in comparison to all inpatient stays. The 30-day readmission rates for malnourished patients were 50% higher than a patient without malnutrition.<sup>3</sup>

Providing this commercially- manufactured, sole source, nutritionally complete, shelf stable tube feeding formula may be a safer and more nutritionally consistent alternative to homemade blenderized diets. A denial for coverage of Kate Farms® Pediatric Blended Meals may result in the increased attempt by patients and caregivers to prepare their own meal

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<sup>1</sup> Epp, Lisa, et al. "Blenderized Tube Feedings: Practice Recommendations from the American Society for Parenteral and Enteral Nutrition." *Nutrition in Clinical Practice*, vol. 38, no. 6, 2023, pp. 1190-1219.

<sup>2</sup> 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.

<sup>3</sup> Barrett ML, Bailey MK, Owens PL. Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016. ONLINE. August 30, 2018. U.S. Agency for Healthcare Research and Quality. Available: [www.hcup-us.ahrq.gov/reports.jsp](http://www.hcup-us.ahrq.gov/reports.jsp).

replacements from conventional food which may be nutritionally inadequate or result in a consistency that is not compatible with tube feeding administration resulting in increased complications or medical risk from contamination.<sup>1</sup>

In addition to the above, to date, my patient has *failed* to tolerate other products including: \_\_\_\_\_ 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: \_\_\_\_\_

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

- Kate Farms**® Pediatric Blended Meals Mango & Straw
- Kate Farms**® Pediatric Blended Meals Squash & Carrot
- Kate Farms**® Pediatric Blended Meals Banana & Blue

Based on my patient's current medical condition, I am prescribing \_\_\_\_\_ calories or \_\_\_\_\_ ounces per day, which equates to \_\_\_\_\_% of daily caloric needs. This equates to \_\_\_\_\_ pouches daily.

It is my determination that this formula is required for the care of my patient. 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 nutrition.

Sincerely,

\_\_\_\_\_  
*Signature of prescribing provider* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of prescribing provider*

\_\_\_\_\_  
*Title*

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*Title – Center/Hospital/Institution/Practice*

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

*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 plan for the patient's condition, which may include prescribing Kate Farms' products. Please refer to Katefarms.com if additional formula information is needed.*

- 1 Epp, Lisa, et al. "Blenderized Tube Feedings: Practice Recommendations from the American Society for Parenteral and Enteral Nutrition." *Nutrition in Clinical Practice*, vol. 38, no. 6, 2023, pp. 1190-1219.
- 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 Barrett ML, Bailey MK, Owens PL. Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016. ONLINE. August 30, 2018. U.S. Agency for Healthcare Research and Quality. Available: [www.hcup-us.ahrq.gov/reports.jsp](http://www.hcup-us.ahrq.gov/reports.jsp).