

**Letter of Medical Necessity**

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

**Subject: Request for coverage of Kate Farms® Pediatric Peptide 1.0 Vanilla**

I am requesting insurance coverage and reimbursement for my patient, \_\_\_\_\_, \_\_\_\_\_, for whom I have prescribed the use of Kate Farms® Pediatric Peptide 1.0. 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:

---

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

---

The nutritional profile of Kate Farms® Pediatric Peptide 1.0 is 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 Peptide 1.0 is made for tolerance™ and contains ingredients such as prebiotic fiber from organic agave inulin for gut microbiome support, as well as organic medium chain triglycerides (MCT from coconut) for easy fat absorption. It is a peptide-based formula that may be used to provide nutritional support to

patients that experience gastrointestinal disease (GI), GI dysfunction, maldigestion, malabsorption, or symptoms of GI intolerance. The formula is recognized by the Centers for Medicare and Medicaid Services (CMS) as “Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit” found in the HCPCS Category B4161.

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.<sup>1</sup> 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.<sup>2</sup>

Since Kate Farms® Pediatric Peptide 1.0 can be taken orally or via a feeding tube, it 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>

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: \_\_\_\_\_

The composition of Kate Farms® Pediatric Peptide 1.0 is made without the top 9 allergens including milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, soybeans, and sesame and is gluten free. Kate Farms® medical products contain all nine essential amino acids from pea protein with additional L-Cysteine and L-Tryptophan 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 in adults.<sup>4</sup>

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

**Kate Farms®** Pediatric Peptide 1.0 Vanilla

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 \_\_\_\_\_ Tetra pack 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 nutrition.

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, 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.*

- 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 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).
- 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>