**LETTER OF MEDICAL NECESSITY TEMPLATE: HCU COOLER15**

DATE:

TO:

FROM:

PATIENT NAME: DOB:

ICD DIAGNOSIS CODE: Ht: Wt:

MEDICAL FOOD ORDER:

INSURANCE ID:

SUBSCRIBER: GROUP NO:

To Whom It May Concern:

**­­[Patient Name]** is a \_**\_\_\_\_** year old patient diagnosed with Homocystinuria, an inborn error of metabolism. This patient’s metabolic disease was diagnosed **[through newborn screening (if applicable) which is mandated by law in the USA]** on **[date diagnosed]**. The purpose of this letter is to explain the medical necessity of Vitaflo HCU cooler15 and request insurance coverage for this treatment.

Homocystinuria is a life-long inherited metabolic disease, characterized by the body’s inability to utilize the essential amino acid, methionine. This leads to an accumulation of homocystine in the urine and plasma. This accumulation will lead to severe problems, including **[dislocation of the lens at the front of the eye, an increased risk of abnormal blood clotting, and brittle bones, osteoporosis, other skeletal abnormalities, developmental delay and learning problems, failure to thrive, other].** The accepted standard of care is to eliminate high protein foods, to severely restrict other protein containing foods, and prescribe a medical food designed to provide the amino acids (excluding methionine), vitamins, minerals and trace elements in a precise mix to meet the patient’s nutrient needs. The patient requires this methionine-free medical food as their primary source of dietary protein. If this patient is not treated accordingly, long term medical consequences ensue.

In this patient’s case, I have specifically noted **[labs/symptoms]**. The patient is currently prescribed HCU cooler15, a medical food formulated to meet the specialized nutrient needs of patients fed orally or enterally with HCU.This prescribed medical food is imperative in the treatment of this patient’s condition. HCU cooler15 is medically necessary to ensure that **[he/she]** maintains metabolic control.

HCU cooler15 is a medical food, manufactured in the UK for Vitaflo USA, LLC (1-888-848-2356.) HCPCS: B4157/B4162. Reimbursement Code: 12539-0020-66 (orange flavor) or 12539-0020-64 (red flavor) (30 pouches/box). Vifaflo HCU cooler15 is a medical food available ONLY by prescription (not “over the counter”) to be used under strict medical supervision. This prescription is to be filled as ordered, Vitaflo HCU cooler15 (no substitutions).

**[If applicable include:**  HCU cooler15 is on the State of **\_\_\_\_\_\_\_ Medicaid, BCMH, and/or Metabolic formulary.]**

I appreciate your consideration of this request. Your authorization of this prescribed order will provide this patient the treatment needed to improve his/her medical situation.

Please feel free to contact me if you have additional questions.

Sincerely,

Name of Physician

Institution

Contact Information

Attachments: Prescription

 Clinic Notes