To:	Date:	
(Insurance Company)		<u> </u>
From:		
(Physician's Name)		
SUBJECT: Request Insurance Coverage for EleCa Acid-Based Medical Food and Infant Formula W	ith Iron	
is a years. She/He has a diagnosis of	ear old patie	nt who has been under my
care for years. She/He has a diagnosis of		
, which has been managed v	vith	
. The use of an elemental medica	I food/infant	formula such as <i>EleCare</i> is
a key component of the medical management of this cor insurance coverage and reimbursement for this patient,		
<i>EleCare</i> is specifically formulated to meet the nutritional needs of children and infants who cannot tolerate intact or hydrolyzed protein or who need an amino acid-based medical food. Conditions for which <i>EleCare</i> is indicated include maldigestion, malabsorption, severe food allergies, GI tract impairment, and other conditions in which an elemental (free amino acid-based) diet is required. One-third of the fat in <i>EleCare</i> is medium-chain triglycerides, an easily digested and well-absorbed fat source.		
<i>EleCare</i> is hypoallergenic and well tolerated, and has been clinically shown to support growth when used as a primary source of nutrition. I believe <i>EleCare</i> is medically necessary in providing the proper dietary management of this patient.		
EleCare is a medical food product and is classified by the FDA as an "exempt infant formula" that must be used under medical supervision. Most pharmacies and homecare suppliers have policies that require a prescription to purchase medical foods to assure they provide the appropriate product and are receiving ongoing medical supervision. Below are the HCPCS codes and NDC-format codes for each EleCare product:		
Product Name	HCPCS	NDC-format Code
FlaCaua & Haffarrana d	Code	(source – First Databank)
EleCare® Unflavored	B4161	70074-0546-66
EleCare® Unflavored with DHA/ARA	B4161	70074-0535-11
EleCare® Vanilla Note: EleCare Unflavored and EleCare Unflavored with DHA/ARA a	B4161	70074-0594-06
is for children age 1 year and older.	re for both inial	ns and children. EleCare Varilla
Your approval of this request for coverage and reimburs difference in the health of this patient.	ement of <i>Ele</i>	Care will make a significant
Sincerely,		
(Physician's Signature)		