**LETTER OF MEDICAL NECESSITY – Renastart™**

DATE:

TO:

FROM:

PATIENT NAME: DOB:

ICD DIAGNOSIS CODE: Ht: Wt:

MEDICAL FOOD ORDER:

INSURANCE ID: GROUP NO:

SUBSCRIBER:

To Whom It May Concern:

**[Patient Name]** is a **\_\_\_\_\_\_\_\_** year old patient diagnosed with [**acute/chronic]** kidney disease, which has severely compromised **[his/her]** kidney function**.** The purpose of this letter is to explain the medical necessity of **Renastart** and request insurance coverage for this product.

Impaired kidney function alters the patient’s energy, protein, fluid, electrolyte, vitamin and mineral needs. The standard of care involves providing sufficient nutrition for growth and development, while monitoring laboratory results for excess accumulation or deficiencies of nutrients. Medical formula and/or a diet low in [**protein/potassium/sodium/phosphorus**] is needed as the kidneys are unable to process these nutrients adequately. Without proper care, high amounts of potassium in the blood can cause hyperkalemia, which can be life threatening. Other electrolyte imbalances [**note those of concern**] can also generate critical consequences to the health of the patient. If **Renastart** is not provided for the dietary management of this patient, alternative methods may include multiple drug therapies (such as potassium binders), intensive care hospitalization to closely monitor electrolyte levels, invasive diagnostic testing, and the potential need for dialysis and/or organ transplant. **Renastart** is the only available formula designed to meet the specific needs of a pediatric kidney patient and is medically necessary to manage **[his/her]** diet along with the symptoms and disease progression.

In this patient’s case, I have specifically noted **[labs/symptoms]**. I have prescribed **Renastart** to support nutritional needs and reduce the probability of more costly and invasive treatment alternatives. In **[Patient’s Name]** situation, kidney function is compromised as indicated by **[pertinent labs values, electrolyte imbalances, symptoms, feeding issues, weight loss, inability to meet needs with current oral formula/supplements, gastrointestinal issues, and other documented issues]**.

**Renastart** is a medical food manufactured for Vitaflo USA, LLC (888-848-2356). HCPCS: B4154. Reimbursement Code: 12539-0025-98. **Renastart** 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, **Renastart** (no substitutions).

**[If applicable: In addition, Renastart is on the State of X’s Medicaid, BCMH and/or WIC formularies.]**

I appreciate your consideration with this request. Your authorization of this prescribed order will provide this patient the adequate care to manage his/her medical situation.

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

Sincerely,

Physician Name

Institution

Contact Information

Attachments: Prescription/Clinic Notes