



# Letter of Medical Necessity

Date: \_\_\_\_\_

To: (Insurer/Payer) \_\_\_\_\_ Phone #: \_\_\_\_\_

From: Dr. \_\_\_\_\_

**Subject:** Request for coverage and reimbursement for RICOCHET - immunonutrition for surgical and trauma patients. HPCS code B4154. ICD-10 codes E44 and E43.

I am requesting insurance coverage and reimbursement on behalf of my patient \_\_\_\_\_,

Claim or Member # \_\_\_\_\_ DOB \_\_\_\_\_.

I have recommended RICOCHET immunonutrition for management of his/her special metabolic needs due to the inherent stressors of having a major surgery.

My patient has the following conditions which will increase the risk of complications after \_\_\_\_\_ surgery as well as, increase the length of stay and increase potential for readmission within 30 days of discharge:

- Low BMI
- High BMI (obesity)
- Hypoalbuminemia
- Low serum protein
- Age > 70
- Cancer
- Diabetes
- COPD
- Opioid use
- Alcohol use
- Smoking/tobacco use

**Assessment of Nutritional Status:**

- Undergoing Major surgery
- Procedure requiring NPO status
- Reduced Functional Capacity
- Poor nutritional intake
- Insufficient Protein Intake
- ETOH use
- Previous bariatric surgery
- BMI <22 (older adult >65)
- BMI < 18.5 (adults)
- Recent/Ongoing cancer treatments
- Muscle wasting
- Recent weight loss
- Loss of or low subcutaneous fat
- Refeeding risk
- Serum albumin <3.5
- Serum prealbumin <20
- Serum total protein <7.0
- Dementia
- Anxiety/Depression

Given the above Assessment; this patient's nutritional status is consistent with:

- Severe protein-caloric Malnutrition (>2 of the above)
- Moderate protein-caloric Malnutrition (2 of the above)
- Mild protein-caloric Malnutrition (1 of the above)
- Adequate Nutrition (none of the above)

Given the above degree of malnutrition this patient requires optimization with specialized nutritional support. My recommendation for risk mitigation and optimal recovery includes Ricochet Nutrition:

- 2 bottles/day for 12 days** (24 bottles-Recommended)
- 2 bottles/day for 24 days (48 bottles)
- Other: \_\_\_\_\_
- 1 bottle/day for 6 days (Uncontrolled diabetics)
- 2 bottles/day for 6 days (12 bottles)

**Please include patient demographics sheet along with this form.**

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Additional documentation has been provided for treatment rationale and supporting evidence.*

### **Treatment Rationale and Supporting Evidence:**

Ricochet Nutrition is an immunonutrition beverage formulated with Arginine, Glutamine, Omega-3 FAs and Nucleotides which have been proven to reduce complications for surgery and improve outcomes.

Nutrition is the most important factor affecting our patient's ability to heal. Up to 53% of patients admitted to the hospital are malnourished<sup>1</sup> and 34% of patients are readmitted to the hospital within 90 days<sup>2</sup>. Patients with inadequate nutrition are 3 times more likely to be readmitted to the hospital within 30 days<sup>3</sup>, more likely to stay in the hospital longer<sup>1</sup> and less likely to heal<sup>4</sup>.

With over 600 published articles on the efficacy and cost effectiveness of immunonutrition, RICOCHET will improve the patient's outcome and save money. Many clinical trials have shown improved outcomes including: 50% reduction in major complications<sup>5</sup>, 78% reduction in surgical site infections<sup>6</sup>, 30% reduction in postoperative complications<sup>7</sup>. A meta-analysis published in 2016 included 174 randomized controlled trials which all showed fewer post-operative infections, fewer overall complications and improved outcomes for patients who were provided immunonutrition<sup>8</sup>.

Complications increase the cost of care. This is evidenced by an article published in 2016 showing a 119% increase in the cost of care for patients who had complications after surgery<sup>9</sup>. The Healthcare Cost and Utilization Project of 2013 showed malnutrition increased the cost of an index admission by \$9,100 and the cost of readmission by \$2,800.

Ricochet Nutrition can significantly reduce costs. A national database evaluation of over 1 million U.S. patients showed a \$2,066 net cost saving per patient with immunonutrition<sup>10</sup>. Another study concluded immunonutrition provided a cost saving of \$3,500 per patient<sup>11</sup>.

### **Summary**

With the evidence and rationale I have provided, I am confident you will agree Ricochet Nutrition is medically necessary for this patient and will not only optimize their outcome but will also reduce the overall cost of care.

Please contact me if any additional information is required to ensure the prompt approval of Ricochet Nutrition for a 12-day BID treatment course.

### **References:**

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2. Jencks SF et al. Rehospitalizations among Patients in the Medicare Fee-for-Service Program. *N Engl J Med.* April 2009;360:1418-28  
Adogwa O et al. Pre-operative Nutritional Status is an independent Predictor of 30-day Hospital Readmission After Elective Spine Surgery. *Spine.* 2016 Mar 4. (Epub ahead of print)
3. Campos AC, groth AK, Branco AB. Assessment and nutritional aspects of wound healing. *Curr Opin Clin Nutr Metab care.* May 2011;11(3):281-8
4. Braga M et al. Nutritional approach in malnourished surgical patients. *Arch Surg* 2002; 137: 174.
5. Chapman JS, Roddy E, Westhoff G, Simons E, Brooks R, Ueda S, Chen L. Post-operative enteral immunonutrition for gynecologic oncology patients undergoing laparotomy decreases wound complications. *Gynecol Oncol.* 2015 Jun;137(3):523-8. doi: 10.1016/j.ygyno.2015.04.003. Epub 2015 Apr 16.
6. Farreras N et al. Effects of early post op enteral immunonutrition on wound management in patients undergoing surgery for gastric cancer. *Clin Nutr* 2005; 24: 55.
7. Bharadwaj et al. Should perioperative immunonutrition for elective surgery be the current standard of care? *Oxford Gastroenterology Report.* 2016 1-9.
8. Healy MA. Hospital and Payer Costs Associated With Surgical Complications. *JAMA Surg.* 2016 Sep 1;151(9):823-30.
9. Strickland A, et al. Is the use of specialized nutritional formulations a cost-effective strategy? A national database evaluation. *JPENJ Parenter Enteral Nutr*2005;29:S81-91.
10. Banerjee S. Effects of arginine-based immunonutrition on inpatient total costs and hospitalization outcomes for patients undergoing colorectal surgery. *Nutrition.* 2017 Jun 24.