

To: _____
(Insurance Company)

Date: _____

From: _____
(Physician's Name)

Subject: Insurance Reimbursement Request for PurAmino™

I am requesting insurance coverage and reimbursement for my patient, _____, whom I have prescribed the use of PurAmino™ Infant and Toddler Formula (a product of Mead Johnson Nutrition, LLC). The use of a hypoallergenic formula based on amino acids is a medical necessity and will provide the proper dietary management for this patient.

My patient's current weight is ____ (kg) and height is ____ (cm). He/She will require ____ kcal per day or ____ fl oz per day of PurAmino. This amount may be adjusted as his/her nutritional needs change. PurAmino is designed to meet the nutritional needs of infants and toddlers with severe cow's milk protein allergy or multiple food protein allergies who are unable to ingest a normal diet or other hypoallergenic formulas. It is composed of 100% free amino acids, lactose-free, and does not have ingredients that are known sources of gluten. PurAmino is a nutritionally complete formula that can be an infant's sole source of nutrition for up to 6 months of age and a major source of nutrition through 24 months of age.

My patient has been diagnosed with one or more of the following:

Diagnosis	ICD – 9 Code
<input type="checkbox"/> bloody stool(s)	578.1
<input type="checkbox"/> allergic gastroenteritis and colitis	558.3 *(add "v" code signifying allergen – see below)
<input type="checkbox"/> atopic dermatitis due to food allergy	693.1
<input type="checkbox"/> allergic rhinitis due to food allergy	477.1
<input type="checkbox"/> gastroesophageal reflux disease	530.81
<input type="checkbox"/> malabsorption	579.9
<input type="checkbox"/> short bowel syndrome	579.3
<input type="checkbox"/> failure to thrive (newborn)	779.34
<input type="checkbox"/> failure to thrive (non-newborn)	783.41
<input type="checkbox"/> eosinophilic esophagitis	530.13
<input type="checkbox"/> eosinophilic gastritis	535.7
<input type="checkbox"/> eosinophilic gastroenteritis	558.41
<input type="checkbox"/> eosinophilic colitis	558.42
<input type="checkbox"/> underweight	783.22 *(add "v" code for weight percentile – see below)

ICD-9 Codes	V code
Allergic Gastroenteritis/Colitis 558.3	Allergy to milk products V15.02
	Allergy to eggs V15.05
	Other Food Allergies V15.09
Underweight 783.22	< 5 th percentile V85.51
	5 th percentile to < 85 th percentile V85.52
	85 th percentile to 95 percentile V85.53
	≥ 95 th percentile for age V85.54



2400 West Lloyd Expressway
Evansville, IN 47721-0001
(812) 429-5000

The FDA classifies PurAmino as an “exempt infant formula” that should be used under medical supervision. PurAmino is available only through a pharmacy or directly from Mead Johnson Nutrition.

Approval for this request for insurance coverage and reimbursement of PurAmino will make a significant impact on the health of this patient.

Sincerely,

(Physician’s Signature)

(Physician’s Printed Name)

(Title)

Enclosure(s): Prescription, Growth Chart, Doctor’s Notes, etc.

Product and Reimbursement Information for PurAmino™ Infant and Toddler Formula

Product Name	Item Number	Packaging	Reimbursement Code	HCPCS Code
PurAmino™ Infant and Toddler Formula	1290-23	14.1 oz Powder Can 4 Cans per Case	00087510478	B4161

*This letter is intended to be used as a template and customized by the physician for each patient. The list of diagnoses and ICD-9 codes contained in this letter is not all-inclusive. It is ultimately the responsibility of the healthcare professional/persons associated with the patient’s care to determine and document the appropriate diagnosis(es) and code(s) for the patient’s condition. Mead Johnson Nutrition, LLC does not guarantee that the use of any information provided in this letter will result in coverage or payment by any third-party payer.