

To: _____
(Insurance Company)

Date: _____

From: _____
(Physician's Name)

Subject: Insurance Reimbursement Request for Nutramigen® and/or Nutramigen® with Enflora™ LGG®

I am requesting insurance coverage and reimbursement for my patient, _____, whom I have prescribed the use of Nutramigen® and/or Nutramigen® with Enflora™ LGG® Infant Formula (a product of Mead Johnson Nutrition, LLC), a hypoallergenic, lactose-free infant formula designed for babies who are allergic to the intact proteins found in milk-based or soy-based formulas.

My patient's current weight is ____ (kg) and height is ____ (cm). He/She will require ____ kcal per day or ____ fl oz per day of Nutramigen/Nutramigen with Enflora LGG. This amount may be adjusted as his/her nutritional needs change. Nutramigen and Nutramigen with Enflora LGG are both designed to meet the nutritional needs of infants with allergies to cow's milk protein. Each formula is based on an extensively hydrolyzed (predigested) casein protein from cow's milk and does not have lactose or ingredients that are known sources of gluten. Nutramigen and Nutramigen with Enflora LGG are designed as term infant formulas that may be an infant's sole source of nutrition for up to 6 months of age and a major source of nutrition up to 12 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

The FDA classifies Nutramigen and Nutramigen with Enflora LGG as “exempt infant formulas” that should be used under medical supervision. Both Nutramigen products are available through retail stores or directly from Mead Johnson Nutrition.

Approval for this request for insurance coverage and reimbursement of Nutramigen and/or Nutramigen with Enflora LGG 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 Nutramigen® and Nutramigen® with Enflora™ LGG® Infant Formulas

Product Name	Item Number	Packaging	Reimbursement Code	HCPCS Code
Nutramigen® with Enflora™ LGG® Infant Formula	1239-01	12.6 oz Powder Can 6 Cans per Case	00087 120941	B4161
Nutramigen® with Enflora™ LGG® Infant Formula	1239-05	19.8 oz Powder Can 4 Cans per Case	00087 120945	B4161
Nutramigen® Infant Formula	0498-11	13 fl oz Concentrate Liquid Can 12 Cans per Case	00087 049801	B4161
Nutramigen® Infant Formula	0499-11	32 fl oz Ready-to-Use Can 6 Cans per Case	00087 049901	B4161
Nutramigen® Infant Formula	1486-01	8 fl oz Concentrated Liquid Plastic Bottle 6 bottles per carton, 4 cartons per case	00087 510248	B4161
Nutramigen® Infant Formula	1485-01	8 fl oz Ready-to-Use Plastic Bottle 6 bottles per carton, 4 cartons per case	00087 510246	B4161
Nutramigen® Infant Formula	1437-01	2 fl oz Plastic Nursette® Bottles 6 bottles per carton, 8 cartons per case	00087 143741	B4161
Nutramigen® Infant Formula	0263-06	6 fl oz Glass Nursette® Bottle 8 bottles per carton, 3 cartons per case	00087 026324	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.