

To: _____ Date: _____
(Insurance Company)

From: _____
(Physician's Name)

Subject: Insurance Reimbursement Request for PurAmino™ Infant Formula and PurAmino™ Jr

I am requesting insurance coverage and reimbursement for my patient, _____, whom I have recommended the use of (PurAmino™ Infant Formula / PurAmino™ Jr Medical Food) (a product of Mead Johnson & Company, LLC). The use of a hypoallergenic product 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 for 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, is lactose-free, and does not have ingredients that are known sources of gluten. PurAmino Infant 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. PurAmino Jr is designed to provide a major source of nutrition for toddlers' age 1 year and up.

To date, my patient has failed to tolerate cow's milk- and soy-based and/or protein hydrolysate infant formulas. Clinical data have shown that the use of PurAmino Formula promotes a normal growth pattern for infants. PurAmino is medically necessary for my patient, and will provide the proper medical nutrition management. Without the use of this hypoallergenic, amino acid-based product, my patient may experience more complications, which can result in hospitalizations and/or costly parenteral nutrition.

*Dietary reference intakes include a recommendation for fiber for >12 months of age

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

Indication	ICD-10 Code			Z Code
<input type="checkbox"/> bloody stool(s)	K92.1			
<input type="checkbox"/> allergic gastroenteritis and colitis	K52.2	(add "Z" code signifying allergen)	Allergy to milk products Other food allergies	Z91.011 Z91.018
<input type="checkbox"/> atopic dermatitis due to food allergy	L27.2			
<input type="checkbox"/> allergic rhinitis due to food allergy	J30.5			
<input type="checkbox"/> gastroesophageal reflux disease	K21.0			
<input type="checkbox"/> malabsorption	K90.4			
<input type="checkbox"/> short bowel syndrome	K91.2			

Please return to insurance provider.

Indication	ICD-10 Code			Z Code
<input type="checkbox"/> bloody stool(s)	K92.1			
<input type="checkbox"/> failure to thrive (newborn)	P92.6			
<input type="checkbox"/> failure to thrive (over 28 days old)	R62.50			
<input type="checkbox"/> failure to thrive (child)	R62.51			
<input type="checkbox"/> eosinophilic esophagitis	K20.0			
<input type="checkbox"/> eosinophilic gastritis/gastroenteritis	K52.81			
<input type="checkbox"/> eosinophilic colitis	K52.82			
<input type="checkbox"/> underweight	R63.6	(add "Z" code for weight percentile)	< 5 th percentile 5 th percentile to < 85 th percentile 85 th percentile to 95 th percentile ≥ 95 th percentile for age	Z68.51 Z68.52 Z68.53 Z68.54

The FDA classifies PurAmino™ Infant Formula as an “exempt formula” and PurAmino™ Jr as a “medical food” that should be used under medical supervision. Most pharmacies and homecare suppliers have policies that require a prescription to purchase PurAmino. A prescription helps assure the appropriate product is being dispensed and the patient is receiving medical supervision. In the future, because of the close medical supervision required with the use of an amino acid-based infant formula, my patient will need active and ongoing medical supervision to observe his/her growth and development and evaluate his/her nutritional requirements.

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)

(Center/Hospital/Institution/Practice)

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

Product and Reimbursement Information for PurAmino™ Infant Formula and Toddler Medical Food

Please return to insurance provider.

Product Name	Item Number	Packaging	Reimbursement Code	HCPCS Code
PurAmino Infant Formula	1290-23	14.1 oz Powder Can (4 cans per case)	00087510480	B4161
PurAmino Jr Medical Food	1573-01	14.1 oz Powder Can (4 cans per case)	00087511732	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-10 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 & Company, 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.