

Nutramigen® with Enflora LGG®* and Nutramigen® with Enflora LGG® Toddler Insurance Reimbursement Request

INSURANCE REIMBURSEMENT REQUEST



To: _____ Date: _____
(Insurance Company)

From: _____
(Physician's Name)

Subject: Insurance Reimbursement Request for Nutramigen with Enflora LGG, Nutramigen with Enflora LGG Toddler and/or Nutramigen with Enflora LGG Liquid

I am requesting insurance coverage and reimbursement for my patient, _____, whom I have prescribed the use of **Nutramigen with Enflora LGG Infant and Toddler Formula** (a product of Mead Johnson & Company, 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® with Enflora/Nutramigen with Enflora LGG. This amount may be adjusted as his/her nutritional needs change. Nutramigen with Enflora, Nutramigen with Enflora LGG and Nutramigen with Enflora LGG Toddler are designed to help meet the nutritional needs of infants and toddlers 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 with Enflora and Nutramigen with Enflora LGG are nutritionally complete 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 36 months of age.

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

| Patient Diagnosis | ICD-10 Code | Z-Code |
|--|-------------|--|
| <input type="radio"/> Allergic rhinitis due to food allergy | J30.5 | |
| <input type="radio"/> Gastroesophageal reflux disease | K21.9 | |
| <input type="radio"/> Allergic gastroenteritis and colitis (add "Z" code signifying allergen) | K52.2 | Allergy to peanuts 291.010 Allergy to milk products 291.011 Allergy to eggs 291.012 Allergy to seafood 291.013 Other food allergies 291.018 |
| <input type="radio"/> Atopic dermatitis due to food allergy | L27.2 | |
| <input type="radio"/> Failure to thrive (newborn <28 days old) | P92.6 | |
| <input type="radio"/> Failure to thrive (over 28 days old) | R62.50 | |
| <input type="radio"/> Failure to thrive (child) | R62.51 | |
| <input type="radio"/> Underweight (add "Z" code for weight percentile) | R63.6 | < 5th percentile 268.51 5th percentile to < 85th percentile 268.52 85th percentile to < 95th percentile 268.53 ≥ 95th percentile for age 268.54 |
| <input type="radio"/> Bloody stool(s) (newborn) | P54.1 | |
| <input type="radio"/> Bloody stool(s) (non-newborn) | K92.1 | |
| <input type="radio"/> Other diagnosis | | |

* LGG® is a registered trademark of Chr. Hansen A/S.

Nutramigen® with Enflora LGG®* and Nutramigen® with Enflora LGG® Toddler Insurance Reimbursement Request

The FDA classifies Nutramigen® with Enflora 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 with Enflora 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)

(Center/Hospital/Institution/Practice)

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

Product and Reimbursement Information for Nutramigen with Enflora LGG® and Nutramigen with Enflora LGG® Toddler Formula

| Product name | Item number | Packaging | | NDC Format Code | HCPCS code |
|---|-------------|---|--------------|------------------------------|------------|
| Nutramigen with Enflora LGG Infant Formula | 123901 | 12.6 oz powder can (6 cans per case) | Case Unit | 0087-1239-01 0087-1239-41 | B4161 |
| Nutramigen with Enflora LGG Infant Formula | 123905 | 19.8 oz powder can (4 cans per case) | Case Unit | 0087-1239-05 0087-1239-45 | B4161 |
| Nutramigen Infant Formula | 049811 | 13 fl oz concentrate liquid can (12 cans per case) | Case Unit | 0087-0498-11 0087-0498-01 | B4161 |
| Nutramigen Infant Formula | 169101 | 32 fl oz Ready-to-Use bottle | Case Unit | 0087-5115-65 0087-5115-64 | B4161 |
| Nutramigen Infant Formula | 148501 | 8 fl oz Ready-to-Use plastic bottle (6 bottles per carton, 4 cartons per case) | Case Unit | 0087-5102-47 0087-5102-46 | B4161 |
| Nutramigen Infant Formula | 143701 | 2 fl oz plastic Nursette® bottle (6 bottles per carton, 8 cartons per case) | Case Unit | 0087-1437-01 0087-1437-41 | B4161 |
| Nutramigen Infant Formula | 429704 | 6 fl oz plastic Nursette bottle (6 bottles per carton, 4 cartons per case) | Case Unit | 0087-5105-18 0087-5105-17 | B4161 |
| Nutramigen with Enflora LGG Toddler Formula | 154801 | 12.6 oz powder can (6 cans per case) | Case Unit | 0087-5107-35 0087-5107-34 | 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.

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