

To: _____ Date: _____
 (Insurance Company)

From: _____
 (Physician's Name)

Subject: Insurance Reimbursement Request for Pregestimil® Infant Formula

I am requesting insurance coverage and reimbursement for my patient, _____, whom I have recommended the use of Pregestimil® Infant Formula (a product of Mead Johnson & Company, LLC). The use of a lactose-free, hypoallergenic formula that is designed for infants with fat malabsorption problems and who may be sensitive to intact proteins 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 Pregestimil. This amount may be adjusted as his/her nutritional needs change. Pregestimil is a hypoallergenic infant formula based on an extensively hydrolyzed (predigested/ broken down) casein protein. The fat blend in Pregestimil consists of 55% of fat as MCT (Medium Chain Triglyceride) oil, which is digested and absorbed more easily than other fats by infants with fat malabsorption. Pregestimil provides complete, balanced nutrition for infants and may be the sole source of nutrition for up to 6 months of age and a major source of nutrition through the first year of age.

Pregestimil is medically necessary for my patient, and will provide the proper medical nutrition management. Without the use of this hypoallergenic infant formula based on an extensively hydrolyzed (predigested/ broken down) casein protein, my patient may experience more complications, which can result in hospitalizations and/or costly parenteral nutrition.

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"/> malabsorption	K90.4		
<input type="checkbox"/> short bowel syndrome	K91.2		
<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		

Please return to insurance provider.

Indication	ICD-10 Code			Z Code
<input type="checkbox"/> bloody stool(s)	K92.1			
<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 Pregestimil® Infant Formula as an “exempt infant formula” that should be used under medical supervision. Pregestimil is not readily available in many retail stores, but may be special ordered through a store or a pharmacy, as well as directly from Mead Johnson Nutrition.

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

Sincerely,

(Physician’s Signature)	(Physician’s Printed Name)	(Title)
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(Center/Hospital/Institution/Practice)
 Enclosure(s): Prescription, Growth Chart, Doctor’s Notes, etc.

Product and Reimbursement Information for Pregestimil® Infant Formula

Product Name	Item Number	Packaging	Reimbursement Code	HCPCS Code
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Please return to insurance provider.

Pregestimil® Infant Formula	0367-21	1 lb Powder Can (6 cans per case)	00087 036701	B4161
Pregestimil® Infant Formula	1434-01	24 Calories per fl oz Plastic Nursette® Bottles (48/case) (6 bottles per carton, 8 cartons per case)	00087 143441	B4161
Pregestimil® Infant Formula	1433-01	20 Calories per fl oz Plastic Nursette® Bottles (48/case) (6 bottles per carton, 8 cartons per case)	00087 143341	B4161

NOTE: PLEASE NO SUBSTITUTIONS AND NO GENERIC FORMULAS

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.

Please return to insurance provider.