

2400 W. Lloyd Expressway  
Evansville, Indiana 47721  
(812) 429-5000

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Insurance Company)

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 recommended the use of Nutramigen and/or Nutramigen with Enflora LGG 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 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 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:**

Diagnosis	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 peanuts Z91.010 Allergy to eggs Z91.012 Allergy to seafood Z91.013 Other food allergies 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		
<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		

Diagnosis	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 <sup>th</sup> percentile 5 <sup>th</sup> percentile to < 85 <sup>th</sup> percentile 85 <sup>th</sup> percentile to 95 <sup>th</sup> percentile ≥ 95 <sup>th</sup> percentile for age	Z68.51 Z68.52 Z68.53 Z68.54
<input type="checkbox"/> allergy to milk products	Z91.011			
<input type="checkbox"/> other food allergies	Z91.018			

\* LGG is a registered trademark of Valio Ltd.

The FDA classifies Nutramigen<sup>®</sup> and Nutramigen<sup>®</sup> with Enflora<sup>™</sup> LGG<sup>®\*</sup> 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 <sup>®</sup> with Enflora <sup>™</sup> LGG <sup>®</sup> Infant Formula	123901	12.6 oz Powder Can (6 cans per case)	00087 123941	B4161
Nutramigen <sup>®</sup> with Enflora <sup>™</sup> LGG <sup>®</sup> Infant Formula	123905	19.8 oz Powder Can (4 cans per case)	00087 123945	B4161
Nutramigen <sup>®</sup> Infant Formula	049811	13 fl oz Concentrate Liquid Can (12 cans per case)	00087 049801	B4161



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Product Name	Item Number	Packaging	Reimbursement Code	HCPCS Code
Nutramigen® Infant Formula	049914	32 fl oz Ready-to-Use Can (6 cans per case)	00087 11564	B4161
Nutramigen® Infant Formula	148601	8 fl oz Concentrated Liquid Plastic Bottle (6 bottles per carton, 4 cartons per case)	00087 510249	B4161
Nutramigen® Infant Formula	148501	8 fl oz Ready-to-Use Plastic Bottle (6 bottles per carton, 4 cartons per case)	00087 510246	B4161
Nutramigen® Infant Formula	143701	2 fl oz Plastic Nursette® Bottle (6 bottles per carton, 8 cartons per case)	00087 143741	B4161
Nutramigen® Infant Formula	429704	6 fl oz Plastic Nursette Bottle (6 bottles per carton, 4 cartons per case)	00087 510517	B4161
Nutramigen® with Enflora™ LGG® Toddler Formula	154801	12.6 oz Powder Can (6 cans per case)	00087 510734	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.

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