From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Physician Name & Subscriber Name)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Subscriber ID Number)*

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insurance Provider)*

**SUBJECT: Insurance Coverage Request for Neocate® Splash**

Dear Sir or Madam:

I am requesting insurance coverage and reimbursement for my patient, Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_. born on \_\_\_\_\_\_\_\_\_\_\_, for whom I have prescribed the use of **Neocate® Splash**, a ready-to-feed, hypoallergenic, amino acid-based formula. **Based on this patient’s clinical history, I have determined that this formula is medically necessary. INCLUDE IF APPROPRIATE: Neocate® Splash** will be provided as sole source of nutrition or as supplemental nutrition (circle which applies).

At diagnosis, my patient’s weight was \_\_\_\_\_ (kg) and height was \_\_\_\_\_ (cm). My patient’s present weight is \_\_\_\_\_\_(kg) and length is \_\_\_\_\_\_\_\_ (cm). He/She will require\_\_\_\_\_ CALORIES kcal per day or \_\_\_\_\_\_FLUID OUNCES fl oz per day of **Neocate® Splash**. This amount may be adjusted as his/her nutritional needs change.

**Neocate® Splash**, based on 100% free, non-allergenic amino acids, provides supplemental or complete nutrition. **Neocate® Splash** can be taken orally or through an enteral feeding tube. In this case it will be administered ORALLY/BY FEEDING TUBE (circle one).

**Neocate® Splash** is indicated for individuals one year of age and over with cow milk allergy, multiple food allergies, and related GI and allergic conditions. My patient has been diagnosed with one or more of the following GI and allergic conditions, and/or potential symptoms of these conditions (check all that apply):

| **Diagnosis** **ICD-10 Code** | **Corresponding**  **Z Code**  |
| --- | --- |
| * Allergic gastroenteritis/colitis K52.2
 | * Allergy to milk products Z91.011
* Allergy to other foods Z91.018
* Other non-medicinal Z91.048substance allergy
 |
| * Bloody stool(s) K92.1
 |  |
| * Other allergic gastroenteritis and colitis K52.29
 |  |
| * Atopic dermatitis due to food allergy L27.2
 |  |
| * Allergic rhinitis due to food allergy J30.5
 |  |
| * Failure to thrive (newborn) P92.6
 |  |
| * Failure to thrive (non-newborn) R62.51
 |  |
| * Underweight R63.6
 | * < 5th percentile Z68.51(weight percentile)
 |
| * Eosinophilic esophagitis K20.0
 |  |
| * Eosinophilic gastritis or gastroenteritis K52.81
 |  |
| * Eosinophilic colitis K52.82
 |  |
| * Food protein-induced enterocolitis syndrome K52.21
 |  |
| * Gastroesophageal reflux disease K21.9
 |  |
| * Malabsorption K90.0
 |  |
| * Short bowel syndrome K91.2
 |  |
| * Other, please specify :
 |  |

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has previously been managed with LIST FORMULA(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_which has/have (circle one) proven ineffective.

**Neocate® Splash** is not a drug, but the FDA classifies **Neocate® Splash** as a “Medical Food,” which must be used under medical supervision. Many pharmacies and homecare suppliers have policies that require a prescription to purchase **Neocate® Splash** to ensure the appropriate product is being dispensed and the patient is receiving medical supervision. This patient’s clinical nutritional status will be monitored by a gastroenterologist, pediatrician, allergist, registered dietitian and feeding specialist other \_\_\_\_\_\_\_\_\_\_\_\_\_ (circle one).

For the above-outlined medical reasons, I am prescribing the following:

(*Please see last page for the product and reimbursement codes*)

**Neocate® Splash :** *Circle flavor(s)*

**Unflavored**

**Grape**

**Orange-Pineapple**

**Tropical Fruit**

**Vanilla**

Your approval of this request for assistance with medical care and reimbursement of the formula would have a significant positive impact on this patient’s health.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title – Center/Hospital/Institution/Practice*

Enclosures: Current Growth Chart, Letter of Dictation, Reports, Prescription

**Product and Reimbursement Information for Neocate® Splash**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Flavor** | **Product Code** | **Packaging** | **Calories per drink box** | **NDC-format Code**\* | **HCPCS Codes** |
| **Neocate® Splash** Unflavored | 111394 | 27 x 237 mL (8 fl oz) | 237 | 49735-0144-51 | B4161B4153 |
| **Neocate® Splash** Grape | 122435 | 27 x 237 mL (8 fl oz) | 237 | 49735-0124-35 | B4161B4153 |
| **Neocate® Splash** Orange-Pineapple | 122436 | 27 x 237 mL (8 fl oz) | 237 | 49735-0124-36 | B4161B4153 |
| **Neocate® Splash** Tropical Fruit | 122437 | 27 x 237 mL (8 fl oz) | 237 | 49735-0124-37 | B4161B4153 |
| **Neocate® Splash** Vanilla | 176678 | 27 x 237 mL (8 fl oz) | 237 | 49735-0100-59 | B4161B4153 |

\**Nutricia North America does not represent these codes to be National Drug Codes (NDCs). NDC-format codes are product codes adjusted according to standard industry practice to meet the format requirements of pharmacy and health insurance systems.*

***\*\****This letter is intended to be used as a template and customized by the clinician 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 professionals associated with the patient's care to determine and document the appropriate diagnosis(es) and code(s) for the patient's condition(s). Nutricia does not guarantee that the use of any information provided in this letter will result in coverage or payment by any third-party payer.