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

 *(Physician Name & Subscriber Name)*

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

*(Subscriber ID Number)*

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

*(Insurance Provider)*

**SUBJECT: Insurance Coverage Request for Neocate® Syneo® Infant**

Dear Sir or Madam:

I am requesting insurance coverage and reimbursement for my patient, NAME, born on D.O.B., for whom I have prescribed the use of **Neocate® Syneo® Infant**, a hypoallergenic, amino acid-basedformula. **INCLUDE IF APPROPRIATE: Based on this patient’s clinical history, I have determined that this formula is medically necessary. INCLUDE IF APPROPRIATE: Neocate® Syneo® Infant** will be his/her sole source of nutrition.

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

**Neocate® Syneo® Infant**, based on 100% free, non-allergenic amino acids, is nutritionally complete. **Neocate® Syneo® Infant** can be taken orally or through an enteral feeding tube. In this case, it will be administered ORALLY/BY FEEDING TUBE.

**Neocate® Syneo® Infant** is indicated for infants 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
 |  |
| * Other, please specify :
 |  |

PATIENT has previously been managed with LIST FORMULA(s) which has/have proven ineffective.

**Neocate® Syneo® Infant** is not a drug, but the FDA classifies **Neocate® Syneo® Infant as** an “Exempt Infant Formula,” which must be used under medical supervision. Many pharmacies and homecare suppliers have policies that require a prescription to purchase **Neocate® Syneo® Infant** to ensure that 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 (EDIT AS APPROPRIATE).

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

P**roduct and Reimbursement Information for Neocate® Syneo® Infant**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Product Code** | **Packaging** | **Calories per Can** | **Yield per can\*** | **NDC-format Code**† | **HCPCS Code** |
| **Neocate® Syneo® Infant** |  127049 | 4 x 400 g (14.1 oz) | 1900 | 95 fl oz | 49735-0114-36 | B4161 |

\**At standard dilution of 20 kcal/fl oz.*

†*Nutricia North America does not represent 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.