From: _____   Date: _____
(Physician Name & Subscriber Name)

_____
(Subscriber ID Number)

To: _____
(Insurance Provider)

SUBJECT: Insurance Coverage Request for Neocate® Junior

Dear Sir or Madam:

I am requesting insurance coverage and reimbursement for my patient, <mark>NAME</mark>, born on <mark>D.O.B.</mark>, for whom I have prescribed the use of **Neocate® Junior**, an amino acid-based formula (manufactured by SHS International, distributed by Nutricia North America). **Based on this patient's clinical history, I have determined that this formula is medically necessary.**

My patient's present weight is <mark>WEIGHT</mark> (kg) and height is <mark>HEIGHT</mark> (cm). <mark>He/She</mark> will require <mark>CALORIES</mark> kcal per day or <mark>FLUID OUNCES</mark> fl oz per day of **Neocate Junior**. This amount may be adjusted as <mark>his/her</mark> nutritional needs change.

Neocate Junior, based on 100% free, non-allergenic amino acids, provides complete or supplemental nutrition. **Neocate Junior** can be taken orally or through an enteral feeding tube. In this case it will be administered <mark>_____</mark>.

My patient <mark>NAME</mark> has been diagnosed with one or more of the following:

Diagnosis	**ICD – 10 Code**	
☐ Bloody stool(s)	K92.1	
☐ Allergic and dietetic gastroenteritis and colitis	K52.2	<mark>*(add "Z" code signifying allergen – see last page)</mark>
☐ Other allergic gastroenteritis and colitis	K52.29	
☐ Atopic dermatitis due to food allergy	L27.2	
☐ Allergic rhinitis due to food allergy	J30.5	
☐ Gastroesophageal reflux disease	K21.9	
☐ Malabsorption	K90.9	
☐ Short bowel syndrome	K91.2	
☐ Failure to thrive (newborn)	P92.6	
☐ Failure to thrive (non-newborn)	R62.51	
☐ Eosinophilic esophagitis	K20.0	
☐ Eosinophilic gastritis or gastroenteritis	K52.81	
☐ Eosinophilic colitis	K52.82	
☐ Food protein-induced enterocolitis syndrome	K52.21	
☐ Underweight	R63.6	<mark>*(add "Z" code for weight percentile – see last page)</mark>
☐ Other, please specify:		

Neocate Junior is not a drug, but the FDA classifies **Neocate Junior** 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 Junior** 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 <mark>gastroenterologist, pediatrician, registered dietitian and feeding specialist (EDIT AS APPROPRIATE)</mark>.

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

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

Neocate Junior: *Circle flavor(s)*

      Unflavored

      Chocolate

      Tropical

Neocate Junior with Prebiotics: *Circle flavor(s)*

      Unflavored

      Strawberry

      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 Junior

Name	Flavor	Product Code	Packaging	Calories per Can	Yield per can*	Reimbursement Code†	HCPCS Code
Neocate Junior	Unflavored	11790	4 x 400 g (14.1 oz)	1912	64 fl oz	49735-0117-90	B4161
Neocate Junior	Tropical	12124	4 x 400 g (14.1 oz)	1804	60 fl oz	49735-0121-24	B4161
Neocate Junior	Chocolate	12690	4 x 400 g (14.1 oz)	1804	60 fl oz	49735-0126-90	B4161
Neocate Junior with Prebiotics	Unflavored	12912	4 x 400 g (14.1 oz)	1912	64 fl oz	49735-0129-12	B4161
Neocate Junior with Prebiotics	Vanilla	60627	4 x 400 g (14.1 oz)	1836	61 fl oz	49735-0106-27	B4161
Neocate Junior with Prebiotics	Strawberry	86456	4 x 400 g (14.1 oz)	1876	63 fl oz	49735-0164-56	B4161

*At standard dilution of 30 kcal/fl oz.

†Reimbursement codes listed here have been submitted by Nutricia North America to US data warehouses based on the format established by the data warehouses. These codes are not NDC (National Drug Code) numbers.

ICD-10 Codes and corresponding Z codes

ICD-10 Code		Z codes	
Allergic Gastroenteritis/Colitis	K52.2	Allergy to milk products	Z91.011
		Allergy to other foods	Z91.018
		Other non-medicinal substance allergy	Z91.048
Underweight	R63.6	< 5th percentile	Z68.51
		5th percentile to < 85th percentile	Z68.52
		85th percentile to <95th percentile	Z68.53
		≥ 95th percentile for age	Z68.54

**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 professionals/persons 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.