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**, an amino acid-basedformula (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 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, provides complete nutrition. **Neocate Syneo Infant** can be taken orally or through an enteral feeding tube. In this case, it will be administered \_\_\_\_\_\_\_\_\_\_.

My patient 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 \*(add “Z” code signifying allergen – see last page)

□ 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

□ 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 \*(add “Z” code for weight percentile – see last page)

□ Other, please specify:

**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, 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

**Product and Reimbursement Information for Neocate Syneo Infant**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Product Code** | **Packaging** | **Calories per Can** | **Yield per can\*** | **Reimbursement Code**† | **HCPCS Code** |
| Neocate Syneo Infant | 111436 | 4 x 400 g (14.1 oz) | 1900 | 95 fl oz | 49735-0114-36 | B4161 |

\**At standard dilution of 20 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.