If you or a family member has PKU or another inherited metabolic disorder, you may be eligible to receive reimbursement for your low protein food purchases. This service is intended for direct billing to insurance providers only. If a state agency or non-profit organization is interested in becoming a customer, please contact us directly via email.

Below are the steps required for you to obtain direct billing for Phenomenal Foods' products through your insurance provider. The purpose is to save you the extra step and inconvenience of having to pay for the foods up front and then getting reimbursed by your insurance plan.

Completing the application does not guarantee that a direct billing account will be obtained.Program eligibility requires your insurance plan to pay the provider (Lil's Dietary Shop, Inc) directly.

Basic Steps

1. Ensure your insurance plan covers medically prescribed low protein foods or metabolic formula. You may verify if your state has current or pending legislation mandating reimbursement for foods and formula for people with inherited metabolic disorders by checking out our site Lil's Dietary Shop for a current listing.

2. Fill out the Medical Insurance Assignment Form (MIAF). Because we have been experiencing extreme difficulty in getting paid by some insurance companies even after the appropriate paperwork has been received, we have instituted the following new policy regarding payment:

- If the insurance plan fails to pay Lil's Dietary Shop, Inc. forty-five days after an invoice has been submitted, Phenomenal Foods will send you and your insurance plan a letter by mail. If this occurs, you should become proactive by contacting your Case Manager or Member Services to ensure timely payment and avoid having your account placed on hold.
- If the insurance plan fails to pay Lil's Dietary Shop, Inc. forty-five days after the date of the letter (90 days total), you will be responsible for full payment of the outstanding balance. If necessary, a payment plan can be negotiated with Lil's Dietary Shop, Inc.
- For plans with co-pays, co-insurance, and deductibles, the patient's or subscriber's valid major credit card information will be taken when an order is placed.

3. Fill out items 1-13 on the Health Insurance Claim Form (HCFA-1500)

4. In order to meet your insurance plan's requirements, you will need to supply us with a **Letter of Medical Necessity** from your doctor or health care provider that states why the individual needs low-protein foods and/or metabolic formula. If you need a copy of a sample Letter of Medical Necessity, please download from our website Lil's Dietary Shop or contact Client Services.

5. Supply complete **insurance card** information for the patient and subscriber or provide a copy of the front and back of the insurance cards.

6. Mail, Fax or Email completed (scanned if emailed) items:

1. Medical Insurance Assignment Form
2. HCFA -1500 Form
3. Letter of Medical Necessity

Mail to:
Lil's Dietary Shop, Inc.
71-43 69th Street
Glendale, NY 11385

Fax to:
(347) 599-0618
Attention: Michele
Email to: info@lilsdietary.com

Application Receipt
Upon receiving your application packet, we will contact you to confirm the completeness of your application. *Please allow fifteen business days for your application's eligibility for the Direct Billing Service to be determined.*

Application Status
Be patient. If you have not been contacted within 15 business days, please feel free to call the Green Light Direct Billing Service toll free at 866 456 9776, Option 2. Any representative will be able to inform you of the status of your application.

Insurance Tips
Some insurance administrators may not be familiar with the policies regarding medically prescribed foods. To help gain authorization quickly you should be armed with the facts. Phenomenal Foods recommends the following:

1. Plan Requirements:
Know the requirements of your insurance plan. In order to meet your insurance plan's requirements, you may need to supply us with a Letter of Medical Necessity and a prescription from your doctor or health care provider. Check with your insurance plan's representative to determine what steps need to be taken.

2. Plan Limits:
Know the limits of your insurance plan. Review your insurance plan to determine if the benefit is covered, and to what extent it is covered. **Any coinsurance payments or deductibles that have not been met will be due at the time an order is placed**. Be aware that self-insured plans (example: ERISA policies) are not mandated to reimburse for low protein foods.

3. Claims Manager
Know your Claims Manager. Connect with the right person in your insurance company that follows special claims. Be sure to get their direct-dial line to avoid endless phone mail prompts. If we are unable to speak to a representative from your insurance plan within three attempts, we will contact you for a specific name and direct dial phone number in order to move your application through the approval process.

Flexible Spending Accounts
If using a Flexible Spending Account (FSA) debit card for co-payments, deductibles, or any other part of your order, you will need to have Phenomenal Foods established as an approved vendor. Please contact your account's administrator.

More Information
Check our web site Lil's Dietary Shop for updates about our Direct Billing Service. When available, we will post additional information. Let us know what you learn; we can all work together to make managing a special diet easier.
Lil's Dietary Shop is a small family-owned business and hopes its patrons will understand these extra measures to ensure the financial health of the business to continue serving our community.

Introduction

Lil's Dietary Shop, Inc. distributes low protein modified food products formulas for use in the treatment of inherited metabolic disorders such as phenylketonuria (PKU). If your medical insurance policy or state legislation provides reimbursement for medically necessary food products and metabolic formulas, Lil's Dietary Shop can provide direct billing to your insurance provider. By completing this form, you authorize your insurance provider to pay Lil's Dietary Shop, Inc. directly for products supplied on your behalf.

Select One:

___ Low Protein Foods ___Gluten Free Foods ___Both

Patient Information

_____
Patient Name

_____
Street Address

_____
City,State,Zip

_____
Home phone

_____
Insurance Card ID Number

_____
Relationship to Subscriber

_____
Metabolic Disorder

_____ _____
Date of Birth Gender

Subscriber Information

_____
Subscriber Name

_____
Street Address

_____
City, State, Zip

_____
Home Phone (including area code)

_____
Name of Insurance Provider

_____
Employer

_____
Employer's Address

_____
Work Phone Number

_____ _____
Policy # Group #

Assignment of Insurance Benefits & Rights of Recovery

In consideration of food products provided, I hereby irrevocably assign and transfer to Lil's Dietary Shop, Inc. all rights, title and interest in the benefits payable for such foods, provided in the above mentioned policy(ies) of insurance. If I am covered under Medicare, I hereby certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. Said irrevocable assignment and transfer shall be for the recovery on said policy(ies) of insurance but shall not be construed to be an obligation of Lil's Dietary Shop, Inc. to pursue any such right of recovery. Provided however, this assignment and transfer shall not take away my standing to make claim or sue for benefits individually should coverage be denied by an insurance carrier(s). I hereby authorize the insurance company(ies) herein listed above to pay directly to Lil's Dietary Shop, Inc. all benefits due under said policy(ies) by reason of product provided therein. If full payment is not received within 90 days of billing your insurance provider, payment options must be negotiated with Lil's Dietary Shop, Inc. Co-payment, co-insurance, and deductibles (for example, if you pay 20% and your insurance provider pays 80%) will be charged directly to your credit card per policy agreement (you will supply valid major credit card information when you place your order). You will be notified by letter that will also include your receipt. Duplicate payments by your insurance provider to Lil's Dietary Shop, Inc. for any paid claim will be refunded to you. A photo static copy of this authorization shall be considered as effective and valid as the original.

_____ _____/_____/_____
Subscriber's Signature Date

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

PICA

CARRIER

PATIENT AND INSURED INFORMATION

1. MEDICARE ☐ (Medicare #) MEDICAID ☐ (Medicaid #) TRICARE CHAMPUS ☐ (Sponsor's SSN) CHAMPVA ☐ (Member ID#) GROUP HEALTH PLAN ☐ (SSN or ID) FECA BLK LUNG ☐ (SSN) OTHER ☐ (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M ☐ F ☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street)

CITY | STATE

8. PATIENT STATUS Single ☐ Married ☐ Other ☐ Employed ☐ Full-Time Student ☐ Part-Time Student ☐

CITY | STATE

ZIP CODE | TELEPHONE (Include Area Code) ( )

ZIP CODE | TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) ☐ YES ☐ NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐

b. AUTO ACCIDENT? ☐ YES ☐ NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? ☐ YES ☐ NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. _____ . _____ 3. _____ . _____

2. _____ . _____ 4. _____ . _____

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1									NPI	
2									NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☐ YES ☐ NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

STATEMENT OF MEDICAL NECESSITY / PRIOR AUTHORIZATION REQUEST

(Date)

RE: (patient name)
D.O.B: (patient date of birth)

To Whom It May Concern:

We are writing a letter of medical necessity regarding the treatment of **(patient first & last name)**. **(patient name)** has been under the consultative care of **the (clinic name)**. **He/She** has an inborn error of metabolism, a genetic disorder, known as phenylketonuria (PKU, ICD 9 270.1). We are writing to request that medical food be covered by his/her current medical insurance.

PKU is a lifelong problem that requires a phenylalanine-restricted diet and the prescription of special medical foods by a licensed physician with the support of a registered dietitian in order to control the blood phenylalanine level. The term medical food as defined in section 5(b) of the Orphan Drug Act {21 U.S.C. 360ee (b) (3)} is a "food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles are established by medical evaluation."

PKU results from a deficiency of the enzyme responsible for metabolizing the amino acid phenylalanine. This results in the build-up of phenylalanine to toxic levels. An untreated child with PKU will suffer irreversible brain damage as well as severe and progressive neurological disorders. Normal growth and development are possible if an infant with PKU is treated appropriately. In adolescents and adults, neurological deterioration, phobias, difficulty in concentration and impulse control, and loss of IQ points can occur if treatment is not sustained.

Patients are treated with prescribed medical foods (in a variety of forms powder, capsule, liquid, bar etc.), special low-protein modified food products as well as a phenylalanine-restricted diet. This diet excludes all foods high in protein (i.e. meat, poultry, fish, dairy, nuts and legumes) and markedly restricts all grains, including rice, breads, and pastas. Use of these products is medically supervised by a physician and implemented by a registered dietitian specially trained in the nutrition management of inborn errors of metabolism. Nutrition therapy must also provide a sufficient and balanced intake of other nutrients to avoid nutritional deficiencies. Nutrition therapy of PKU solely via protein restriction is not possible, because it will result in protein malnutrition, calorie deprivation, vitamin and mineral deficiency, failure-to-thrive, and potentially death.

The standard of care for PKU requires the use of the medical food/formulas and a phenylalanine-restricted diet, as well as routine nutrition follow-up with a specially trained registered dietitian. The two primary goals of treatment are:

1. To maintain the blood phenylalanine at a level that is not toxic, but still allows for normal growth and development.

2. To ensure that the individual's overall nutritional requirements are met, allowing for normal growth and development, and the avoidance of nutritional deficiencies.

The recommended treatment range of blood phenylalanine levels for individuals with PKU is between 2 and 6mg/dL (120 and 360μmol/L). There is good correlation of cognitive function and maintenance of blood phenylalanine levels in this treatment range. Elevated blood phenylalanine in patients has been associated with behavior and learning problems which can reverse when the blood levels return to the treatment range. Currently, indefinite continuation of dietary management is recommended to all patients with PKU. These recommendations are based on a growing body of evidence indicating there is a decline in average IQ and development of difficulties in school performance after diet discontinuation.

We appreciate your attention to this request for (patient's name)'s medical food, be covered by his/her current medical insurance. Please do not hesitate to contact us if you have any questions at **(clinic contact info)**.

Sincerely,

(dietitian name), RD, LDN

(Physician name), M.D.
(physician credentials, clinic name)

cc: (parents name)

	Bill/Date Adopted	Diet Coverage		Coverage		Metabolic Disorders		Limitations	
State		**Formula**	**Foods**	**State**	**Insurance**	**PKU**	**Others**	**$ for food, per person**	**Age (years)**
Alabama		No 19*	No	No	No	NA	NA	NA	NA
Alaska	SB 313/May 91	Yes	No	No	Yes	Yes	No	NA	No
Arizona	HB 2043/April 00	Yes	Yes	No	Yes	Yes	Select	50% up to $5000	No
Arkansas	HB 183/April 99	Yes	Yes	No	Yes	Yes	Yes 20*	$2400 annual tax credit per child (food or formula)	Yes 1*
California	SB 148/Jan. 99	Yes	Yes	No 2*	Yes 3*	Yes	No	No	No
Colorado	HB 01-1156/June 01	Yes	No	No	Yes	Yes	Yes	NA	Formula age limit: 21 for males, 35 for females. Food limitations: None.
Connecticut	HB 7040/Oct. SB 524/Oct.	Yes	Yes	No	Yes	Yes	Select	No	No
Delaware	SB 78/July 08	Yes	Yes	Yes	No	Yes	?		Women through child bearing age, Men to age 21.
Florida	HB 853/May 95	Yes 4*	Yes 4*	Yes 5*	Yes	Yes	Select	$2,500	24
Georgia		Yes							
Hawaii	HB 326/Jan 99	Yes	Yes	No	Yes	Yes	Yes 6*	No	No
Idaho	IDAPA 16.02.26 / July 97	Yes	No	Yes	Not mandated, some cover. Medicaid covers.	Yes	No	No	No

Illinois		Yes	No	Yes	No	Yes	Yes	NA	No
Indiana	IC 27-13-7-18	Yes	No	Yes 7*	Yes 8*	Yes	Yes	NA	NA
Iowa		Yes	No	based on income	some	Yes	?	No	No
Kansas	HB 2255/April 97	Yes	Yes	No	No	Yes	MSUD	$1,500 9	18
Kentucky	HB 395/April 02	Yes	Yes	Yes	Yes	Yes	All	$400,010	No
Louisiana	Act 1013/Jan 01	Yes 17*	Yes 17*	Yes	Yes	Yes	Yes	$200/month	None
Maine	HB 401/Feb 95	Yes	Yes	No 11*	Yes	Yes	Select	$3,000	No
Maryland	HB 509/May 95	Yes	Yes	No	Yes	Yes	Select	No	No
Massachusetts	HB 5622/Nov 93	Yes	Yes	No	Yes	Yes	Select	$2,500	No
Michigan		Yes	No	Yes	No	Yes	?	NA	No
Minnesota	256B.0625/?	Yes	Yes 12*	No	Yes	Yes	No	No	No
Mississippi		Yes	No	Yes 13*	No	Yes	No	NA	18
Missouri	SB1026/June 02	Yes	Yes	Yes	Yes 14*	Yes	Yes	$5000 for food	6
Montana	HB 266/April	Yes	Yes	No	Yes	Yes	Yes	No	No
Nebraska	LB 610/April 98	Yes	Yes	Yes	Yes	Yes	Select	$2,000	No
Nevada	AB 394/July	Yes	Yes	Yes	Yes	Yes	Select	$2,500	21
New Hampshire	HB 1431/Aug 95	Yes	Yes	Yes	Yes	Yes	Select	$1,800	No
New Jersey	SB 1887/Dec 97	Yes	Yes	No	Yes	Yes	All	No	No
New Mexico	HB 0289/July 03	Yes	Yes	Yes	Yes, but limited	Yes	No	NA	None
New York	AB 352B/1997	Yes	Yes	No	Yes	Yes	All	$2,500	No

North Carolina	130A-125, S.L./July 97	Yes	No	Yes	No	Yes	All	NA	No
North Dakota	SB 2239, HB 1012/Aug	Yes 15*	Yes	Yes 15*	Yes	Yes	MSUD	$3,000 food and formula	Yes 15*
Ohio	Legislation pending	Yes	No	Yes	No	Yes	Homocystinuria	NA	No
Oklahoma		Yes	No	Yes	No	Yes	Select	NA	21
Oregon	HB 2388/May SB74/July 03	Yes	Yes	No	Yes	Yes	All	No	No
Pennsylvania	SB 7059/Dec 96	Yes	No	No	Yes	Yes	MSUD/Select	NA	21 for males
Rhode Island		Yes	Yes	Yes	No	Yes	?	?	?
South Carolina	Legislation pending	Yes	No	Yes	No	Yes	Select	No	No
South Dakota	SB 89/Mar 92	Yes	No	No	Yes	Yes	?	NA	No
Tennessee	HB 165/July 96	Yes	No	No	Yes	Yes	Select	NA	No
Texas	TX Insurance Code Article 3.79/Sep 89, amended Apr 99	Yes	No	No	Yes	Yes	No	$3500 (formula)	No
Utah	HB 205/Feb 98	Yes 16*	Yes 16*	No	Yes	Yes	Select	No	No
Vermont	SB 253/Oct 98	Yes	Yes	No	Yes	Yes	?	$2,500	No
Virginia	HB 0452/March 00	No	No 18*	No	No	Yes	?	$2,000	18 (but pregnant women any age), College age for food.
Washington		Yes	No	Yes	No	Yes	Select	NA	No
West Virginia		Yes	No	Yes	No	Yes	Galactosemia	NA	No
Wisconsin	Act 157/Mar 83	Yes	Yes	Yes	No	Yes	Yes	No	No

[1] Arkansas: State funds limited to those 21 years old or less with some exceptions.

[2] California: The state has other programs, such as CA Children's Services and the Genetically Handicapped Persons Program, that provide food and formula if the person has no insurance or has a policy that does not cover them, based on income.

[3] California: Required to cover costs of food and formula to the extent that the cost exceeds cost for a "normal" diet.

[4] Florida: Only available with special rider and increased premium on insurance. Not covered by HMO's.

[5] Florida: The state provides a number of medical foods free of charge to all PKU patients regardless of age.

[6] Hawaii: Disorders of amino acids, organic acids, carbohydrate and fat metabolism.

[7] Indiana: State sliding fee scale, cap of $1000 out of pocket.

[8] Indiana: MCOs cover formula some of the time, not most of the time. Medicaid, WIC and Children's Special Health Care Services all cover formula but not food.

[9] Kansas: $1000 limitation for food applies if making less than $300 over national guidelines for poverty.

[10] Kentucky: Cap on food: $4000; Cap on formula: $25,000; All metabolic disorders covered.

[11] Maine: No state coverage except for those under age 18 and income eligible; also limited support for those not covered by state or insurance.

[12] Minnesota: Not specified in statute but the law has been interpreted by the Minnesota Depts. of Commerce and Health to cover low protein foods.

[13] Mississippi: Requires financial qualification for Children's Medical Program.

[14] Missouri: State law exempts all private insurance companies. If your insurance company denies coverage, the state has income restrictions.

[15] North Dakota: insurance law covers anyone born after Dec. 31, 1962. Up to age 21, or for maternal PKU, formula is already provided under a state program. The Dept. of Human Services will provide formula free of charge for all males through age 21 and all females through age 44. Formula can be purchased at cost by individuals over the approved age limit. The Dept. will provide some low-protein foods, only for persons with Medicaid/Medicare coverage.

[16] Utah: Deductible and co-pay for major medical insurance.

[17] Louisiana: Formula is covered by insurance, Medicaid, and an additional state program. A state law only mandates coverage of food by insurance. The state program does not cover food.

[18] Virginia: State program helps pay for food.

[19] Alabama: Alabama Medicaid pays for formula but not low protein foods.

[20] Arkansas: PKU, galactosemia, organic acidemias or disorders of amino acid metabolism are specifically covered.