

Letter of Medical Necessity
Enteral and Nutritional Products

Date:

Patient's Name:		DOB:			
MEDICAID ID #:					
Height	cm	%ile/age	Weight	kg	%ile/age
Ideal Body Weight	kg	%ile Ideal Body Weight			
Date Obtained:		Diagnosis:			

Dear Medical Reviewer,

The following is a medical explanation and justification of why we are recommending our patient receive medical nutritional products:

See the attached growth charts for patient's growth history:

- The patient has remained below the 5th %weight for height or BMI for age
- The patient has lost kg in months.
- The patient is years old with the average height age of years and weight age of years.
- The patient has shown positive weight gain with nutritional supplementation

Documentation why the patient cannot be maintained on an age appropriate diet:

- The patient has increased metabolic rate secondary to
- The patient has failed trials with increased caloric density of foods and more frequent feedings.
- The patient has documented dysphagia and is at risk for aspiration. All liquids are to be thickened to a _____ consistency.
- The patient has poor feeding skills (i.e. difficulty chewing, poor hand to mouth coordination) and requires nutrient dense supplements in order to limit length of feeding and maximize nutrient intake.

Diet type: Total number of cans or calories per day needed by the patient:

Does the supplement provide greater than 50% of the patients energy needs? Yes No

Does the patient have a gastrostomy tube? Yes No

Physician

Clinical Dietician