**\*INSTITUTIONAL LETTERHEAD\***

Date

Letter of Medical Necessity

Attn: (insurance company/Medicare)

Patient’s name:

Patient’s DOB:

Pt’s insurance ID:

Provider name:

Provider Address:

Phone:

Fax:

To Whom it May Concern,

This letter documents the request for an approval for enteral nutrition products. These products will be used in the treatment of dysphagia (ICD10- R13.12) related to amyotrophic lateral sclerosis (ALS) (ICD10 - G12.21). As a neurology practitioner, it is my professional opinion that enteral nutrition is vital for this patient.

(Patient’s name) was diagnosed with ALS in/on (date), at which point he/she weighed (lb/kg). Until (date), he/she was able to maintain his/her weight with high calorie oral nutrition supplements and snacks. He/she then began choking more, and on (date) the speech language pathologist recommended his/her diet be transitioned to (diet consistency). Though he/she tolerated this diet, Mr./Mrs. (patient’s name) was unable to consume adequate oral intake to maintain weight and strength commensurate with his/her condition. As shared in the registered dietitian’s note on (date), this patient developed moderate/severe protein-calorie malnutrition related to dysphagia and hypercatabolic illness as evidenced by \_\_lb/kg (\_\_%) weight loss over \_\_ weeks/months, with oral intake less than 50%/75% nutrition needs for > \_\_\_ week/months. Again, this weight loss was despite diet modifications including changing diet textures and adding high calorie oral nutrition supplements and snacks.

Practice parameters\* on the care of patients with ALS recommend enteral nutrition via percutaneous endoscopic gastrostomy (PEG) tube be considered to stabilize body weight for patients with impaired oral food intake. Body mass index (BMI) 30-35 kg/m2 is associated with longer survival in ALS. These practice parameters also note that in the ALS population, “enteral nutrition administered via PEG is probably effective in stabilizing body weight/BMI.” In addition, “patients with dysphagia will possibly be exposed to less risk if PEG is placed when forced vital capacity (FVC) is above 50% predicted.” Mr./Mrs. (patient’s name)’s had a weight of \_\_\_lb/kg, BMI of \_\_\_kg/m2, and FVC of \_\_\_% predicted on (date) prior to his/her PEG tube placement. As ALS is a progressive disease, I anticipate Mr./Mrs. (patient’s name)’s dysphagia to worsen to the point that he/she is no longer able to safely take any oral intake, at which point, he/she will rely completely on enteral nutrition to meet his/her nutritional needs. I am sure that after further review and looking at the information I have attached, you will approve my patient’s much needed enteral nutrition therapy products.

If you have any further questions or concerns, please feel free to contact me at the phone number above.

Thank you,

(Provider name)

**\***Miller RG, Jackson CE, Kasarskis EJ, et al. Practice Parameter update: The care of the patient with amyotrophic lateral sclerosis: Drug, nutritional, and respiratory therapies (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology.*Neurology*. 2009;73(15);1218-1226.