Certification of Medicaid Requirements for

ENTERAL NUTRITIONAL SUPPLEMENT

Patient Name:	
Patient Date of Birth:	
Address:	
Phone #:	
Requested DME:	
Patient Diagnosis (ICD-10):	
Prescribing Physician's Name:	
NPI / Licence number:	
Address:	

I have reviewed Medicaid coverage criteria below and checked off the necessary criteria that would qualify the Patient for the requested DME Equipment:

Enteral Nutritional Supplement (Oral Intake)

Medical records document one or more of the following criteria are met:

☐ The patient has HIV, AIDS, or an HIV-related illness, or other disease or condition requiring supplemental nutrition and meets ONE of the following criteria:

- The patient has a body mass index under 18.5 as defined by the Center for Disease Control and has been in a nutrition program with documented compliance with an appropriate medical nutritional plan of care (up to 1,000 calories per day)
- The patient has a body mass index under 22 as defined by the Center for Disease Control and has been in a nutrition program with documented compliance with an appropriate medical nutritional plan of care (up to 1,000 calories per day) and documented, unintentional weight loss of 5 percent or more within the previous 6 month period, **or**

☐ The member has a chronic disease or medical condition complicated by rapid short-term weight loss requiring supplemental nutrition and meets ONE of the following criteria:

- The patient has a body mass index under 18.5 as defined by the Center for Disease Control and has been in a nutrition program with documented compliance with an appropriate medical nutritional plan of care (up to 1,000 calories per day)
- The patient has a body mass index under 22 as defined by the Center for Disease Control and has been in a nutrition program with documented compliance with an appropriate

medical nutritional plan of care (up to 1,000 calories per day) and documented, unintentional weight loss of 5 percent or more within the previous 6 month period; **or**

☐ The patient has a chronic disease or medical condition complicated by rapid short-term weight loss, has a permanent structural limitation that prevents the chewing of food, and the placement of a feeding tube is medically contraindicated.

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(Physician's Name and NPI/License Number)	(Physician's Signature)	(Date)