

Wyoming Medicaid

Certification of Medical Necessity for Enteral Nutrition

Member Identifying Information

Member Name:	Gender:
Address:	Date of Birth:
Medicaid ID:	Telephone:

Prescribing Provider

Prescribing Provider's Name:	NPI:
Address:	Telephone:
Last Face to Face Visit	Fax

Certification

Height:	Weight:
Body Mass Index:	Growth Percentile (Child only):
Diagnosis Code:	Diagnosis Code:
Diagnosis Code:	Diagnosis Code:

Mark all items that apply - Oral Nutrition covered if the patient has a diagnosed medical condition such as, but not limited to:

Functioning gastrointestinal tracts who, due to pathology or non-function of the structures that normally permit food to reach the digestive tract cannot maintain weight strength and overall health status
A mechanical inability to chew or swallow solid, pureed or blenderized foods
A malabsorption inability due to disease or infection
Weaning from Total Parenteral Nutrition or feeding tube
A significant weight loss over the past six (6) months or, for children 3-20, has experienced significantly less than expected weight
If the patient receives less than 75 percent of daily nutrition from a nutritionally complete enteral nutrition product (A nutritionist, speech-language pathologist or physician must write a detailed plan to decrease dependence on the supplement)

Description of Product	HCPCS Code	Modifier	Calories per Day	Units per Day	Length of Need

Route of Treatment ☐ Mouth (oral) ☐ Nasogastric (NG-tube) ☐ Jejunal (J-Tube)

I certify under the pains of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate and complete, to the best of my knowledge. I also certify that I am the provider or in this case the legal entity, duly authorized to act on behalf of the provider. I understand that I am subject to civil penalties or criminal prosecution for any falsification, omission or concealment of material fact contained herein.

Prescribing Provider's signature and credentials

Date