

Print on Physician Letterhead

Letter of Medical Necessity GELMIX Infant Thickener

Date: ___ / ___ / ___

Re: Patient name: _____ Patient DOB: ___ / ___ / ___

To Whom It May Concern:

This patient shows dysphagia (select one):

- oral phase (R13.11) oropharyngeal phase (R13.12) pharyngeal phase (R13.13)
 pharyngoesophageal phase (R13.14) gastro- esophageal reflux without esophagitis (K21.9)
 Other: _____

This is evidenced by (select all applicable):

- Clinical signs and symptoms while eating or drinking (coughing, choking, apnea, bradycardia, chest congestion, cyanosis)
 Modified barium swallow study (MBS)/Video Fluoroscopic Swallow Study (VFSS)
 Fiberoptic endoscopic evaluation of swallowing (FEES)
 Other _____

Dysphagia is a swallowing disorder that can lead to tracheal aspiration. Dysphagia can contribute to dehydration, costly hospital admissions, medical procedures and treatments, and can promote the use of enteral tube feedings.

Thickened feeds/liquids can facilitate safe swallowing and help to avoid the aforementioned problems. Therefore, **thickening liquids is a medical necessity for this patient.** Gelmix Infant Thickener is the only hypoallergenic, USDA organic and Kosher certified powder thickener for breast milk and infant formula (HCPCS Code B4100) that can significantly reduce episodes of aspiration by facilitating safer swallowing.

Gelmix is made from simple hypoallergenic ingredients including organic tapioca maltodextrin, organic carob bean gum and calcium carbonate, all with a demonstrated history of safe use with infants. Gelmix maintains thickening potential and nutritional balance in breast milk when compared to rice cereals, starch-based thickeners, and xanthan gum-based thickeners. Starch-based and xanthan-gum based thickeners are not approved for use with infants.

[If applicable, describe successful trial with Gelmix]:

We strongly recommend that this patient's liquids are thickened with Gelmix per attached Thickener Prescription Form as is considered Medically Necessary for this patient.

Thank you for approving Gelmix for this patient.

Sincerely,

Physician Name: _____ Physician Medicaid # _____

NPI # _____

Physician's Signature