

Print on Physician Letterhead

Letter of Medical Necessity
PURATHICK Pediatric 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) 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.

Thickening feeds/liquids is the most successful feeding intervention associated with improved outcomes for children and adults with oropharyngeal dysphagia. Therefore, thickening liquids is a medical necessity for this patient.

Purathick Natural Thickener is the only USDA certified organic, Kosher, vegan, non-GMO, and hypoallergenic powder thickener (HCPCS Code B4100) that can significantly reduce episodes of aspiration by facilitating safer swallowing, for adults and children over 12 months of age. It is made from three simple ingredients including tapioca maltodextrin, tara gum and calcium carbonate. Purathick can easily be used in hot and cold liquid, is tasteless, odorless, and smooth, and doesn't thicken over time.

[If applicable, describe successful trial with Purathick]:

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

Thank you for approving Purathick for this patient.

Sincerely,

Physician Name: _____ Physician Medicaid #: _____

NPI # _____

Physician's Signature