

Sample Letter of Medical Necessity

Feeding Pump

(patient) is a (age) (sex) diagnosis with but not limited to (diagnosis). Due to (patient) complex medical condition and feeding intolerance, (he/she) is at a high risk for aspiration. In order for (patient) to receive the adequate nutrition that is required for (him/her) to grow and develop, it is required that all of (his/her) nutrition be administered by a feeding pump with the appropriate supplies. This will allow his feeding to be given over a longer period of time at a slower rate, thus decreasing the risk of aspiration