



**QUALIFYING QUESTIONS FOR ORAL ENTERAL FEEDINGS ONLY**

PATIENT NAME: \_\_\_\_\_

**\*\*MUST ANSWER YES TO THE FOLLOWING 3 QUESTIONS FOR COVERAGE\*\***

- 1.) Does patient have a blockage that prevents food being absorbed through the intestine normally?
- 2.) Has patient lost 10% of their body weight in the past 6 months?
- 3.) Is BMI 18.5 or less due to aids, cancer, chronic renal failure, end stage lung disease or another organic medical condition?

**Oral feedings are only supported for medical assistance managed care and straight-fee-for-service medical assistance.**

IF ANSWERED YES TO ABOVE QUESTIONS PLEASE COMPLETE THE FOLLOWING...

Diagnosis (please make sure patient has a diagnosis that qualifies for supplement provided)

\_\_\_\_\_

Does patient have a G-tube? \_\_\_\_\_

Is there some sort of blockage that food is not absorbed in a normal manner? \_\_\_\_\_

\_\_\_\_\_

Does patient have end stage renal failure? \_\_\_\_\_

What is patient current weight (date and weight)? \_\_\_\_\_  
down from (date and weight) \_\_\_\_\_

Current body mass index) BMI-date and BMI) \_\_\_\_\_  
down from (date and BMI) \_\_\_\_\_

Patient's current diet? \_\_\_\_\_

\_\_\_\_\_

Why blended food or high calorie milkshake will not work? \_\_\_\_\_

\_\_\_\_\_

How many calories a day are needed? \_\_\_\_\_

Supplement must be greater than half of daily caloric intake? \_\_\_\_\_

Level of function? \_\_\_\_\_

What are the effects of malnutrition? \_\_\_\_\_

Is patient able to work and care for self completely? \_\_\_\_\_

\_\_\_\_\_

**Any questions pertaining to information on this form, please contact:**

**Orders**

Customer Service  
724-224-9100 ext: 1602  
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**Sales Inquires**

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