**LETTER OF MEDICAL NECESSITY TEMPLATE: VITAFLO K.FloTM (Ketogenic)**

DATE:

TO:

FROM:

PATIENT NAME: DOB:

ICD DIAGNOSIS CODE: Ht: Wt:

MEDICAL FOOD ORDER:

INSURANCE ID:

SUBSCRIBER: GROUP NO:

To Whom It May Concern:

**[Patient Name]** is a **[age]** year old patient diagnosed with [**disorder].**  [**Disorder**] causes uncontrollable seizures **[and list other related conditions if applicable].** Seizures were occurring \_\_\_\_ times each day, despite attempts at seizure control with drug therapy [**list antiepileptic and other epilepsy treatments**]. Approximately 30% of patients have an intractable form of epilepsy, which means that their seizures cannot be managed effectively with antiepileptic drugs. Alternative treatment options include the ketogenic diet (KD), brain surgery, or vagus nerve stimulation (VNS). For my patient, I have prescribed the ketogenic diet. It is “an established, effective nonpharmacologic treatment for intractable childhood epilepsy”.1

Without the use of a medical KD, including **K.Flo***,* this individual may be unable to achieve seizure control, potentially resulting in increased hospitalizations and / or more invasive interventions. The purpose of this letter is to explain the medical necessity of **K.Flo** and request insurance coverage for this treatment.

The KD is high in fat, low carbohydrate, with adequate protein. This very restrictive high fat, low carbohydrate diet causes the body to utilize fat rather than carbohydrate for energy. The metabolism of fat results in the production of ketones, which provides an alternative energy source to the brain2.

**K.Flo** is a ready-to-drink, nutritionally complete formula in a 4:1 ratio of fat to carbohydrate and protein for use in the dietary management of intractable epilepsy and other medical conditions where a ketogenic diet is indicated. **K.Flo** is suitable for children from 3 years of age. It may be taken orally or provided via enteral tube feeding. **K.Flo** is a medical food available ONLY by prescription (not “over the counter”) to be used under strict medical supervision. **K.Flo** is manufactured in France for Vitaflo USA, LLC (1-888-848-2356.) HCPCS: B4154 Reimbursement Code: 12539-0025-77 for 24x250 ml /case.

I appreciate your consideration of this request that **K.Flo** be covered for this patient under your policies. As stated previously the medical KD is highly restrictive due to its macronutrient composition. **K.Flo** has carefully formulated nutrition content to support the diet, and is being used as part of antiepileptic therapy rather than just as a nutritional formula. If satisfactory seizure control can be reached with a KD, more costly therapies such as seizure medications may be reduced or even discontinued, and more invasive interventions avoided.

Please feel free to contact me if you have additional questions.

Sincerely,

Name of Physician

Institution

Contact Information

Attachments: Prescription

 Clinic Notes

1. Kossof EH, Zupec-Kania BA, Amark PE, et al. Optimal clinical management of children receiving the ketogenic diet: recommendations of the international ketogenic diet study group. *Epilepsia.* 2009; 50(2):304-317.
2. Zupec-Kania BA, Spellman E. An Overview of the Ketogenic Diet for Pediatric Epilepsy. *Nutr Clin Pract*. 2008; 23(6):589-596.