NaviCare® HMO SNP and SCO Oral Nutritional Supplements

Medical necessity review and prescription

Fax completed form to:
NaviCare at 1-508-368-9030 (PCP needs to complete all sections.)

SECTION 1: Member information and request date			
Member name First:	Middle initial:	Last:	
Street address:			Apartment/unit:
City/town:		State:	ZIP code:
Home phone number: ( )			Birth date: / /
Request date:	Member ID number:		

SECTION 2a: Provider information			
Prescribing provider name First:	Middle initial:	Last:	
Phone: ( )			
Street address:			Suite/unit:
City/town:		State:	ZIP code:

SECTION 2b: Provider attestation and signature/date

I certify that I am the treating provider identified in Section 2 of this form. I have completed Section 3a and 3b of this form. I certify that the medical necessity information in Section 3b is true, accurate and complete to the best of my knowledge, and I understand that any falsification, omission or concealment of material fact may subject me to civil or criminal liability.

Provider's signature: ______________________________ Date: ______________

SECTION 3a: Description of oral nutritional supplement product being requested	
Product name (Please choose one item from the products below.) ❑ Boost B4150 ❑ Ensure B4150 ❑ Glucerna B4154	How many cans per day?
	Flavor:
Length of need for up to 12 months: month(s)	
Vendor name: ❑ Reliant Medical DME ❑ Louis and Clark ❑ Other:	

SECTION 3b: Medical necessity review and prescription

1. Is the member unable to meet his/her nutritional requirements with the use of regular food?
❑ Yes ❑ No **Diagnosis:**
Yes: Give diagnosis and go to question 2. **No: Stop here** – criteria not met.

2. Does member have BMI 18.5 or less, or 10% involuntary weight loss over 3-6 months, or the need for increased nutrient intake based on a current medical condition? ❑ Yes ❑ No
Yes: Go to question 3. **No: Stop here** – criteria not met.

3. Has a medical evaluation been conducted within the last 12 months with laboratory testing as indicated?
❑ Yes ❑ No
Yes: Sign this form and fax to NaviCare (1-508-368-9030) for product obtainment. **No: Complete medical evaluation.**