Date: [Date]

To: [Insurance Provider Name]
Attention: [Appeals/Medical Review Department]
Address: [Insurance Company Address]

Re: Letter of Medical Necessity for Therapeutic Ketogenic Diet

Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [Member ID Number]
Group Number: [Group Number]

To Whom It May Concern,

I am writing to formally request coverage for a medically supervised therapeutic ketogenic diet and associated medical food/supplies for [Patient Name]. This treatment is being prescribed as a primary medical intervention for the management of [Specific Medical Diagnosis, e.g., Intractable Epilepsy, Glut1 Deficiency Syndrome, Pyruvate Dehydrogenase Deficiency].

Clinical History and Diagnosis:
[Patient Name] has been diagnosed with [Diagnosis/ICD-10 Code]. Despite trials of [Number] pharmacological interventions including [List medications], the patient continues to experience [Symptoms, e.g., frequent seizures, metabolic instability]. Due to the refractory nature of this condition, a therapeutic ketogenic diet is medically necessary.

Treatment Plan:
The prescribed ketogenic diet is a high-fat, adequate-protein, and low-carbohydrate medical therapy. This is not a lifestyle choice but a rigorous medical protocol required to alter the patient's metabolism to achieve [Desired Outcome, e.g., seizure control].

Required Medical Supplies:
To successfully implement this therapy, the patient requires coverage for:

- Prescription ketogenic medical formulas/foods
- Ketone and glucose monitoring supplies (strips and lancets)
- Specialized vitamin and mineral supplementation required for metabolic balance

Expected Outcome:
Clinical evidence supports the use of the ketogenic diet for [Diagnosis] to reduce [Symptom Frequency] and decrease the need for emergency room visits and hospitalizations. Failure to provide this medical therapy may result in [Complications/Risks].

Please contact me at [Phone Number] or [Email] if you require further clinical documentation.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[NPI Number]
[Facility Name]