

Special Diet Allowance Schedule

Medical Condition	Amt.	Medical Condition	Amt.
<p>Unintentional weight loss / body wasting due to one or more of the following medical conditions:</p> <ul style="list-style-type: none"> Anorexia Nervosa Amyotrophic Lateral Sclerosis (ALS) Chronic Hepatitis C (BMI < 25) with interferon treatment Crohn's Disease Congestive Heart Failure Cirrhosis (stage 3 & 4) Cystic Fibrosis HIV / AIDS Huntington Disease Lupus Malignancy Multiple Sclerosis Muscular Dystrophy Ostomies Pancreatic Insufficiency Parkinson Disease Short Bowel Syndrome Ulcerative Colitis Renal Failure (Glomerular Filtration Rate <30) <p>Loss between 5% and 10% of usual body weight</p> <p>Loss of more than 10% of usual body weight</p> <p>If unintended weight loss due to Renal Failure is indicated together with Renal Failure, only one allowance (the highest) will be provided.</p> <p>If unintended weight loss due to Chronic Hepatitis C (BMI < 25) with interferon treatment is indicated together with Chronic Wounds or Burns or Renal Failure, only one allowance (the highest) will be provided.</p>	<p>\$191</p> <p>\$242</p>	<p>Diabetes</p> <p>Gestational Diabetes</p> <p>Extreme Obesity (BMI > 40)</p> <p>Hypertension</p> <p>Hyperlipidemia</p> <p>Hypercholesterolemia</p> <p>Prader-Willi Syndrome</p> <p>Congenital Heart Defect</p> <p>If two or more of the above conditions are indicated, an allowance equal to the highest amount of the indicated condition is provided.</p>	<p>\$81</p> <p>\$102</p> <p>\$51</p> <p>\$86</p> <p>\$51</p> <p>\$51</p> <p>\$200</p> <p>\$86</p>
		Dysphagia requiring thickened fluids	\$125
		<p>Food Allergy - Milk / Dairy</p> <ul style="list-style-type: none"> 1 - 8 years of age 9 - 18 years of age 19 - 50 years of age Over 50 years of age <p>Lactose Intolerance</p> <ul style="list-style-type: none"> 1 - 8 years of age 9 - 18 years of age 19 - 50 years of age Over 50 years of age <p>If both conditions are indicated, an allowance equal to the amount for Food Allergy - Milk / Dairy is provided.</p>	<p>\$32</p> <p>\$63</p> <p>\$32</p> <p>\$47</p> <p>\$30</p> <p>\$59</p> <p>\$30</p> <p>\$45</p>
		Allergy to Wheat	\$97
		Celiac Disease	\$97
		<p>If both the above conditions are indicated only one allowance amount of \$97 is provided.</p>	
		Insufficient lactation to sustain breast-feeding or breast-feeding is contraindicated (provided until infant reaches 1 year)	\$162
		Osteoporosis	\$38
		<p>The maximum Special Diet Allowance one person can receive per month remains capped at \$250.00.</p>	
		<p>(updated December 2014)</p>	
<p>Chronic Wounds and Burns</p> <ul style="list-style-type: none"> Stage 1 & 2 Stage 3 & 4 <p>Chronic Hepatitis C (BMI < 25)</p> <p>Renal Failure - Pre-Dialysis (GFR<30)</p> <p>Renal Failure - Peritoneal/Hemodialysis</p> <p>Rett Syndrome (BMI < 18.5)</p> <p><u>Notes:</u></p> <p>Where more than one of the above conditions are indicated, only one allowance amount (the highest) will be provided.</p> <p>Where Chronic Hepatitis C (BMI < 25) or Rett Syndrome (BMI < 18.5) is indicated together with unintended weight loss, only one allowance amount (the highest) will be provided.</p>	<p>\$88</p> <p>\$191</p> <p>\$88</p> <p>\$52</p> <p>\$88</p> <p>\$88</p>		