

Date of Order: _____

Patient Name: _____ DOB: _____

ICD10 Diagnosis code(s): _____

Start Date (if different from Date of Order): _____

Length of Need: ☐ 3 months ☐ 12 months ☐ Lifetime ☐ Other: _____

Yes No

- ☐ ☐ 1. Is there documentation in the medical record that supports the patient having a permanent non-function or disease of the structures that normally permit food to reach or be absorbed from the small bowel?
- ☐ ☐ 2. Is the enteral nutrition being administered via tube? (i.e. gastrostomy, jejunostomy, nasogastric)

Enteral InformationType of food required: _____ Delivered via: ☐ Pump☐ Syringe☐ Gravity☐ Oral

Calories per day: _____ Cans per day: _____

Cc per hour: _____ How many hours? _____

Days per week administered or infused? _____

Equipment and Supplies (please check all that apply):

- ☐ Feeding Pump (B9002)
- ☐ Pump Fed Supply Kit (B4035) may include feeding/flushing bag, syringe, tubing, dressings, tape / 1 per day
- ☐ Syringe Fed Supply Kit (B4034) may include feeding/flushing bag, syringe, tubing, dressings, tape / 1 per day
- ☐ Gravity Fed Supply Kit (B4036) may include feeding/flushing bag, syringe, tubing, dressings, tape / 1 per day

Miscellaneous Supplies:

- | | |
|---|---|
| <input type="checkbox"/> Feeding Bags 1200 cc (B4035) / 1 per day | <input type="checkbox"/> Gastrostomy/Jejunostomy tube, standard (B4087) / 1 per 3 months |
| <input type="checkbox"/> Gravity Bag (B4036) / 1 per day | <input type="checkbox"/> Gastrostomy/Jejunostomy tube, low-profile (B4088) / 1 per 3 months |
| <input type="checkbox"/> 60 cc syringe (B4034) / 1 per week | <input type="checkbox"/> Percutaneous catheter/tube anchoring device (A5200) / 2 per month |
| <input type="checkbox"/> 4x4 Split Sponges (A6402) / 3 per day | <input type="checkbox"/> IV Pole (E0776) |
| | <input type="checkbox"/> Other: _____ |

Physician Signature: _____ Date: _____

Physician Name: (please print) _____ NPI: _____

Fax back to: 320-231-4941



Enteral Nutrition Order and Documentation Requirements

Medicare, and other insurance providers that follow Medicare guidelines, requires that a physician, NP, CNS or PA has had a Face-to-Face (F2F) examination with the patient that documents that the patient was evaluated and/or treated for a condition that supports the need for the prescribed equipment. The date of the F2F exam may be no older than 6 months prior to the prescription date.

Enteral nutrition is the provision of nutritional requirements through a tube into the stomach or small intestine; it may be administered by syringe, gravity, or pump. It is covered for a patient who has:

- (a) permanent non-function or disease of the structures that normally permit food to reach the small bowel; or
- (b) disease of the small bowel which impairs digestion and absorption of an oral diet, either of which requires tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the patient's overall health status.

The patient must have a permanent impairment. If the judgment of the attending physician, **documented in chart/progress notes in the patient medical record**, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met.

The patient must require tube feedings to maintain weight and strength in proportion with overall health status. Adequate nutrition must not be possible by dietary adjustment and/or oral supplements. Coverage is possible for patients with partial impairments – for instance, a patient with dysphagia who can swallow small amounts of food or a patient with Crohn's disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption.

The patient's condition can be either anatomic (obstruction due to head and neck cancer or reconstructive surgery, etc.) or due to a motility disorder (severe dysphagia following a stroke, etc.).

Enteral nutrition is NOT covered for patients with a functioning gastrointestinal tract whose need for **enteral** nutrition is due to reasons such as anorexia or nausea associated with mood disorder, end-stage disease, etc. Enteral nutrition products that are administered orally are NOT covered.

Patient Medical Records must contain documentation of the following:

- The physician has documented in chart/progress note that patient has a permanent impairment of the small bowel.
- The medical necessity for special enteral formulas must be justified in each patient.
- If a pump is ordered, there must be documentation in the patient's medical record to justify its use:
 - 1) gravity feeding is not satisfactory due to reflux and/or aspiration, or
 - 2) severe diarrhea, or
 - 3) dumping syndrome, or
 - 4) administration rate less than 100 ml/hr, or
 - 5) blood glucose fluctuations, or
 - 6) circulatory overload, or
 - 7) gastrostomy/jejunostomy tube used for feeding

Thank you for making Lake Region Home Medical Supply part of your healthcare team. Please call 218-332-5920 with questions.