

Enteral Nutrition

DOCUMENTATION CHECKLIST

Required Documentation

All Claims for Enteral Nutrition

Written Documentation of Dispensing Order* (written, fax or verbal order):

Description of the item	Date of the order
Name of the beneficiary	Signature of physician (if written order) or supplier
Name of the physician	(if verbal/telephone order)

* Only required if items are dispensed prior to the signature date on the detailed written order.

Detailed Written Order

Description or name of nutrient to be administered
Method of administration (syringe, gravity or pump)
Rate/frequency of administration and/or number of calories per 24 hour period
List of all separately billed items (supply kits, IV pole, pump, feeding tube, etc.)
Quantity to be dispensed (Should correspond with the total amount of each item to be provided per refill. This information may be expressed as cans, bottles/bags, cases, or billing units (1 unit = 100 calories.)
Refill frequency for all separately billed items
Personal signature (handwritten or electronic) of the treating physician
Signature date personally entered (handwritten or electronic) by the treating physician
Date of the order

Physician's signature on the written order meets **CMS Signature Requirements**

<http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

NOTE: Suppliers should not submit claims to the DME MAC prior to obtaining a detailed written order. Items billed to the DME MAC before a signed and dated detailed written order has been received must be submitted with modifier EY.

Refill Request

Beneficiary's name
Description of each item
Quantity of each item the beneficiary has remaining
Confirmation statement that the beneficiary is requesting a refill

For telephone requests:

Date of contact
Name of person contacted
Relationship to beneficiary

For written requests:

Signature of person requesting refill
Signature date
Relationship to beneficiary
Date supplier received the request

Refill request was received or call was made no sooner than 14 calendar days prior to the delivery/shipping date

Shipment/delivery was no sooner than 10 calendar days prior to the end of usage for the current product

DME MAC Information Form (DIF) for Enteral Nutrition

Delivery Documentation		
Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
Beneficiary's name Delivery address Quantity delivered Detailed description of item(s) Brand Serial number Signature of person accepting delivery Relationship to beneficiary Delivery date	Shipping invoice Beneficiary's name Delivery address Quantity shipped Tracking slip References each individual package Delivery address A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by supplier)	Shipping invoice Beneficiary's name Delivery address Detailed description of item(s) shipped Quantity shipped Brand Serial number Date shipped Signature of person accepting delivery Relationship to beneficiary Delivery date

Medical Records

The patient has a permanent (at least 3 months) impairment due to:

Non-function or disease of the structures that normally permit food to reach the small bowel; **OR**

A disease of the small bowel which impairs digestion and absorption of an oral diet.

The patient requires tube feedings to maintain weight and strength commensurate with the patient's overall health status. Adequate nutrition is **not** possible through dietary adjustment and/or oral supplements.

The nutrition is being provided via a tube into the stomach or small intestine (the beneficiary is not drinking the nutrient).

Medical records meet **CMS Signature Requirements**

<http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

Claims for Special Nutrient Formulas (B4149, B4153 – B4157, B4161 & B4162)

The records document the medical condition requiring the special formula as opposed to a B4150 formula and the severity of that condition as shown by history, physical exam and diagnostic/laboratory studies.

The records document a response of the medical condition to a B4150 formula as compared to the response to the prescribed special B4154 formula or, if this comparison was not made, the medical reason for its absence is explained for the individual beneficiary and not a generalized statement such as the diagnosis.

Claims for Enteral Nutrition Infusion Pumps

The medical record contains documentation that justifies the use of a pump:

- Gravity feeding is not satisfactory due to reflux and/or aspiration; **or**
- Severe diarrhea; **or**
- Dumping syndrome; **or**
- Administration rate less than 100 ml/hr; **or**
- Blood glucose fluctuations; **or**
- Circulatory overload; **or**
- Gastrostomy/jejunostomy tube used for feeding.

Reminders

- A new initial DIF is required for the enteral nutrient when:
 - A formula billed with a different code which has not been previously certified is ordered; or
 - Enteral nutrition services are resumed after they have not been required for two consecutive months.

- A new initial DIF for an infusion pump is required when:
 - The administration method changes from syringe or gravity to pump, or
 - Enteral nutrition services involving use of a pump are resumed after they have not been required for two consecutive months.
- A revised DIF for enteral nutrition is required when:
 - The method of administration changes; or
 - The number of calories per day changes; or
 - The number of days administered per week changes; or
 - The route of administration changes from tube feedings to oral feedings (if billing for denial).
- Self-blenderized formulas are noncovered by Medicare
- Items billed to the DME MAC before a signed and dated order has been received must be submitted with modifier EY.
- An IV pole (E0776) used for enteral nutrition administered by gravity or a pump should be billed with modifier BA.
- When enteral nutrients are administered by mouth, modifier BO must be added to the code.
- Enteral nutrition provided to a patient in a Part A covered stay must be billed by the SNF to the fiscal intermediary. No payment from Part B is available.

Online Enteral Nutrition Resources

http://www.cgsmedicare.com/jc/coverage/mr/Enteral_Nutrition_Resources.html

NOTE

It is expected that the patient's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC, but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Jurisdiction C Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.