



DETAILED WRITTEN ORDER

Homecare Dimensions

Document #: 09.DWO.HCD.03b
Effective: 09/15/2009

Rev.: B

Title: **Enteral Nutrition**

Page #: 1 of 2

Initial Date of Medical Necessity: _____

Patient Name: _____ Medicare #: _____

Address: _____ City: _____ ST: _____ Zip Code _____

Phone #: _____ Cell #: _____ DOB: _____

Email: _____ Length of Need: _____ (99 = Lifetime)

Diagnosis Code: _____

ENTERAL

G-TUBE ENTERAL PUMP FEEDING BAGS IV POLE FORMULA

_____ CC X _____ HRS _____ CANS A DAY / TYPE OF FORMULA _____

CALORIES PER DAY: _____

PRESCRIBED EQUIPMENT / SUPPLIES

Medical records: The Medical Records must be **supplied with this order** and will need to document that **ALL** of the following criteria are met. Please check all boxes that apply to patient's condition:

- Patient has permanent (at least three months) impairment due to
 - Non-functioning or disease of the structures that normally permit food to reach the small bowel, or
 - 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
- Nutrition is being provided via a tube into stomach or small intestine
- Patient requires tube feeding to maintain weight and strength commensurate with overall health status
- Adequate nutrition must not be possible by dietary adjustment and/or oral supplements.

Equipment Ordered: All enterals and accessories are billed using the specific codes listed in the Local Coverage Determination.

ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS
	B4034	Enteral feeding supply kit; syringe fed, per day
	B4035	Enteral feeding supply kit: pump fed, per day *additional documentation required to justify use of pump: i.e.: Reflux and/or aspiration or severe diarrhea or dumping syndrome or administration rate less than 100ml/hr or blood glucose fluctuations or circulatory overload.
	B4036	Enteral feeding supply kit; gravity fed, per day
	B4081	Nasogastric tubing with stylet (only 3 covered over a 3 month period)
	B4082	Nasogastric tubing without stylet (only 3 covered over a 3 month period)
	B4083	Stomach tube – levine type (only 3 covered over a 3 month period)
	B4087	Gastrostomy/jejunostomy tube, low-profile, any material, any type each (only 1 each every 3 months)
	B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each (only 1 each every 3 months)



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ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS
	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (NOTE: Requires medical/diagnoses justification)
	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (NOTE: Requires medical/diagnoses justification)
	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. Glucose polymers), proteins/amino acids (e.g. Glutamine, arginine), fat (e.g. Medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit (NOTE: Requires medical/diagnoses justification)
	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (NOTE: Requires medical/diagnoses justification)
	B9002	Enteral nutrition infusion pump - with alarm (See Pump Requirements below)
	E0776	IV Pole
	PUMP REQU IREM ENTS	If ordering pump patient must meet one or more of the following symptoms: <ul style="list-style-type: none"> Reflux and/or aspiration Severe diarrhea Dumping syndrome Administration is less than 100ml/hr Blood glucose fluctuations Circulatory overload Gastrostomy/Jejunostomy tube used for feeding Must have physician progress notes that document one or more of these symptoms. Included copy of supporting progress notes

Treating Physician Signature: _____ **Date:** _____

Treating Physician Name: _____ **NPI:** _____

End of Document