

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
 - Name of the beneficiary
 - Name of the physician
 - Date of the order
 - Start date of the order (if different from the date of the order)
 - Signature of physician (if written order) or supplier (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
 - 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
 - The start date of the order - if different than the signature date
- 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

- Beneficiary Authorization
- Delivery Documentation

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
<ul style="list-style-type: none"> <input type="radio"/> Beneficiary's name <input type="radio"/> Delivery address <input type="radio"/> Quantity delivered <input type="radio"/> Detailed description of item(s) <input type="radio"/> Signature of person accepting delivery <input type="radio"/> Relationship to beneficiary <input type="radio"/> Signature date (personally entered by the person who accepts delivery) 	<ul style="list-style-type: none"> <input type="radio"/> Shipping invoice <ul style="list-style-type: none"> - Beneficiary's name - Delivery address - Detailed description of item(s) shipped - Quantity shipped <input type="radio"/> Tracking slip <ul style="list-style-type: none"> - References each individual package - Delivery address - Package I.D. #number - Date shipped - Date delivered <input type="radio"/> A common reference number links the invoice and tracking slip – may be entered by supplier 	<ul style="list-style-type: none"> <input type="radio"/> Shipping invoice <ul style="list-style-type: none"> - Beneficiary's name - Delivery address - Detailed description of item(s) shipped - Quantity shipped - Date shipped - Signature of person accepting delivery - Relationship to beneficiary - Signature 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:

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

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.