

Medicare Documentation Checklist for Enteral Nutrition

Patient Name _____ DOB _____

Completed by: _____ Date _____

****Checked Items have been received****

Valid detailed written order that contains:

- Beneficiary's name
- Name of the drug(s) to be dispensed
- Dosage of the drug(s) to be dispensed
- Route of administration
- Concentration of drugs(s) to be dispensed (if applicable)
- Specific frequency of administration
- Duration of administration (if applicable)
- Quantity to be dispensed
- Number of refills
- Treating physician's signature
- Date the treating physician signed the order
- Start date of the order - only required if the start date is different than the date of the order

Medical records documenting the following

All Enteral – Progress Notes Required for all enteral orders which include information indicating:

- Patient has permanent (at least three months) impairment.
 - Non-function 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.
- Continued medical need** - For ongoing supplies and rental DME items there must be information in the beneficiary's medical record to support that the item continues to be used by the beneficiary and remains reasonable and necessary.

Specialty Formula – The patient's medical record must adequately document the specific condition and the need for the special nutrient.

Suggestion: This patient requires _____ (formula) formula due to _____ (disease). This formula is required to meet the unique nutritional needs for this disease condition. I have considered and ruled out semi-synthetic intact protein as a medically appropriate alternative and in my clinical judgment this particular formula is necessary to avoid an adverse outcome.

Pump – Progress notes must indicate why the use of a pump is medically necessary (e.g. gravity feeding is not satisfactory due to reflux and/or aspiration, severe diarrhea, dumping syndrome, administration rate less than 100 ml/hr, blood glucose fluctuations, circulatory overload, gastrostomy/jejunostomy tube used for feeding):

o **NOTE:** Timely documentation is defined as a record in the preceding 12 months unless otherwise specified elsewhere in the policy.

DME Information Form (DIF)

Request for refill from patient