

Documentation of Verbal Order

(if item is dispensed based on a verbal order)

That Contains:

- ☐ Description of the item
- ☐ Name of the beneficiary
- ☐ Name of the physician
- ☐ Start date of the order

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

Valid Written Order That Contains:

- ☐ Beneficiary's name
- ☐ Description or name of the nutrient to be administered
- ☐ Method of administration (syringe, gravity or pump)
- ☐ Rate of administration
- ☐ The treating physician's signature
- ☐ The date the treating physician signed the order
- ☐ The start date of the order - if different than the signature date
- ☐ Certificate of Medical Necessity (The CMN may act as a substitute for a written order if it is sufficiently detailed)
- ☐ Beneficiary Authorization
- ☐ Proof of Delivery

Supporting Medical REcords

Medical Records supporting that the patient meets ALL the basic coverage criteria specified in the Coverage and Payment Rules section of the Enteral Nutrition LMRP *

- ☐ The ordering physician saw the patient within 30 days prior to the initial certification. (NOTE: If the physician did not see the patient within this timeframe, he/she must document the reason why and describe what other monitoring methods were used to evaluate the patient's enteral nutrition needs.)
- ☐ The patient has permanent (at least 3 months) impairment.
 - ☐ The patient has non-function or disease of the structures that normally permit food to reach the small bowel; OR
 - ☐ The patient has a disease of the small bowel which impairs digestion and absorption of an oral diet, either of which requires tube feedings to provide
- ☐ The nutrition is being provided via a tube into the stomach or small intestine (the beneficiary is **not drinking the nutrient**).
- ☐ 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.

Claims for B4149 (Blenderized Natural Foods)

- ☐ The physician ordered the nutrient.
- ☐ The medical record supports that the patient has an allergy or intolerance to semi-synthetic formulae.
- ☐ The nutrient was blenderized and packaged by a manufacturer; not self-blenderized by the patient or caregiver.

Claims for B4152 and B4153

Claims for B4152 (Calorically Dense) and B4153 (Hydrolized Protein)

- ☐ The physician ordered the nutrient.
- ☐ The medical record justifies the medical necessity for the special enteral formula.

Claims for B4154

(Special Metabolic Needs Excluding Inherited Disease of Metabolism), B4155 (Modular Nutrients) and B4157 (Special Metabolic Needs for Inherited Disease of Metabolism)

- ☐ The physician ordered the nutrient.
- ☐ The medical record documents the medical condition requiring the nutrient and the severity of that condition as shown by history, physical exam and diagnostic/laboratory studies.
- ☐ The medical record documents a B4149, B4150 or B4152 nutrient trial prior to administration of a B4154, B4155 or B4157 nutrient.
- ☐ The medical record documents the response of the medical condition to the B4149, B4150 or B4152 nutrient as compared to the response to the prescribed B4154, B4155 or B4157 nutrient.

NOTE: If a B4149, B4150 or B4152 nutrient trial is not documented prior to administration of a B4154, B4155 or

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

CMN Reminders

A new initial CMN is required for the enteral nutrient when:

- A formula billed with a different code which has not been previously certified is ordered.
- Enteral nutrition services are resumed after they have not been required for two consecutive months.

A new initial CMN for an infusion pump is required when:

- The administration method changes from syringe or gravity to pump.
- Enteral nutrition services involving use of a pump are resumed after they have not been required for two consecutive months.

A revised CMN for enteral nutrition is required when:

- The method of administration changes.
- The number of calories per day changes.
- The number of days administered per week changes.
- The route of administration changes from tube feedings to oral feedings (if billing for denial).
- The B4154, B4155 or B4157 enteral nutrient being provided changes.

A recert CMN is required when:

- The initial length of need was less than lifetime and the physician subsequently orders a greater length of need.
- The DMERC requests recertification on an individual basis.

Modifier Reminders

- Items billed to the DMERC 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.

