

Use of this template is voluntary / optional

Enteral Nutritional Therapy Order Template Guidance

Purpose

This template is designed to assist a physician/Non-Physician Practitioner (NPP)¹ when completing an order for enteral nutrition feeding/infusion kits, pump, supplies, and related nutritional formulas to meet requirements for Medicare eligibility and coverage. This template meets requirements for the Detailed Written Order (DWO). Coverage requires use of FDA-approved enteral nutrition feeding/infusion kits, pump, supplies, and related nutritional formulas indicated for the treatment of the patient's confirmed diagnosed medical condition. This template is available to the clinician and can be kept on file within the patient's medical record or can be used to develop an order template for use with the system containing the patient's electronic medical record.

Patient Eligibility

Eligibility for coverage of enteral nutrition under Medicare requires a physician/NPP to establish that coverage criteria are met. This helps to ensure the enteral nutrition feeding/infusion kits, pump, supplies and related formulas to be provided are consistent with the physician's order and supported in the documentation of the patient's medical record.

The physician/NPP must document that the patient has a confirmed diagnosis supporting the need for enteral nutrition to be delivered using FDA-approved feeding/infusion kits, pump, supplies and formulas indicated for the treatment of their medical condition.

National Coverage Determination (NCD) 180.2(B), provides indications for coverage of enteral nutritional therapy under Medicare (Note: information in *italics* is quoted directly):

Enteral Nutritional Therapy: *Enteral nutrition is considered reasonable and necessary for a patient with a functioning gastrointestinal tract who, due to pathology to, or non-function of, the structures that normally permit food to reach the digestive tract, cannot maintain weight and strength commensurate with his or her general condition.*

- Administering and providing enteral therapy:
 - May be given by:
 - Nasogastric,
 - Jejunostomy, or
 - Gastrostomy tubes.

¹ A Medicare allowed NPP as defined is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861 (aa) (5) of the Social Security Act) who is working in accordance with State law.

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- Method of administration may be:
 - pump,
 - gravity,
 - syringe, or
 - oral
- Can be *provided safely and effectively in the home by nonprofessional persons who have undergone special training.*
 - *However, such persons cannot be paid for their services, nor is payment available for any services furnished by non-physician professionals except as services furnished incident to a physician's service.*
- Example: A patient status post (S/P) reconstructive surgery with head and neck cancer and central nervous system disease that severely interferes with the neuromuscular mechanisms of ingestion to the point the patient cannot be maintained with oral feeding.
 - Coverage of enteral nutrition therapy under Part B, for these and any other conditions must be approved on an individual, case-by-case basis and requires the following:
 - *Must have a physician's written order or prescription; and*
 - *Medical documentation (e.g., hospital records, clinical findings from the attending physician) that meets the requirements of the prosthetic device benefit permit and substantiates the patient's condition requires enteral nutrition therapy as medically necessary.*
 - Coverage of enteral nutrition therapy under Part B requires:
 - *Medicare pays for no more than one month's supply of enteral nutrients at any one time.*
 - If providing enteral nutrition involves a pump, there must be supporting evidence in the medical documentation to substantiate that the pump is medically necessary; (*i.e., gravity feeding is not satisfactory due to aspiration, diarrhea, dumping syndrome*).
 - *Program payment for the pump is based on the reasonable charge for the simplest model that meets the medical needs of the patient as established by medical documentation.*

NOTE: Some patients require supplementation of their daily protein and caloric intake. Nutritional supplements are often given as a medicine between meals to boost protein-caloric intake or the mainstay of a daily nutritional plan. Nutritional supplementation is not covered under Medicare Part B.

NOTE: Payment may also be made for formulas necessary for the effective delivery of enteral nutrition as long as the formula is being used with a feeding/infusion kit, supplies that are considered reasonable and necessary for the patient's treatment.

FDA-approved enteral nutrition and related supplies are listed on the PDAC website:

<https://www.dmeopdac.com/dmeopdac/do/productsearch;jsessionid=94B0B2C4F3884242AAB8453110AE3D6C>

Completing the Enteral Nutritional Therapy Order Template does not guarantee eligibility and coverage but does provide guidance in support of enteral nutrition ordered and billed to Medicare. This template may be used with the Enteral Nutritional Therapy Progress Note Template.

What needs to be specified on the written order?

For enteral nutrition, feeding/infusion kits, pump, and supplies to be covered under the Medicare Durable Medical Equipment, Prosthetic, Orthotic, and Supply (DMEPOS) benefit, according to 1834(a)(11)(B)(i) of the Act, that drug is required to have a written order unless Medicare policy specifies otherwise.

The written order must include at a minimum:

- Beneficiary's name;
- Detailed description of the item(s)² ordered;
- Ordering Physician/NPP name;
- Ordering Physician/NPP signature and signature date; and
- Date of the order and the start date, if start date is different from the date of the order.

If the written order is for supplies provided on a periodic basis, the written order should include:

- Quantity used;
- Frequency of change; and
- Duration of need.

Written orders for enteral formula require the following:

- Name of the formula;
- Concentration (if applicable);
- Dosage;
- Frequency of administration;
- Route of administration;
- Duration of infusion (if applicable);
- Number of refills (Optional)

The order template includes information required by the supplier, and typically supplied by the ordering clinician to complete the DME Information Form (DIF) (CMS-10126 – Enteral and Parenteral Nutrition) required for reimbursement by Medicare.

Who can complete the order template?

A Physician or allowed NPP who is enrolled in Medicare

Note: If this template is used:

- 1) CDEs in black Calibri are required (includes required information for the DIF)
- 2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
- 3) CDEs in blue Times New Roman are recommended but not required

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² Description can be either a narrative description or a brand name/model number and must include all options or additional features that will be separately billed or that will require an upgraded code

Enteral Nutritional Therapy Order Template

Patient Information:

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number and extension: (____) _____ - _____ x _____

DOB (MM/DD/YYYY): _____ Gender: __ M __ F __ Other Medicare ID: _____

Height: _____ Weight: _____

Provider (physician/NPP) who performed the evaluation:

Check here if same as ordering provider: _____

Last name: _____ First name: _____ MI: _____ Suffix: _____

NPI: _____

Patient diagnoses requiring need for enteral nutrition:

ICD-10-CM	Description	ICD-10-CM	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of order:

_____ *Initial* _____ *change in method of administration from syringe or gravity to pump*

_____ *resumption of use of pump after at least two months*

changes in:

_____ *method of administration (other than to pump)* _____ *number of calories per day*

_____ *number of days per week* _____ *route of administration*

Other: _____

Order date, if different from date of signature (MM/DD/YYYY): _____

Start date, if different from date of order (MM/DD/YYYY): _____

Place of service:

_____ Patient's home (12) _____ End Stage Renal Disease facility (ESRD) (65)

_____ Skilled Nursing Facility (SNF) (31) _____ Other: _____

Facility name (if appropriate): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number and extension: (____) _____ - _____ x _____

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Enteral nutrition questions:

Estimated length of need in months: _____ 1-99 (99=lifetime)

____ Yes ____ No Does documentation in the medical record support the patient having a permanent non-function or disease of the structures that normally permit food to reach or be absorbed from the small bowel?

____ Yes ____ No Is the enteral nutrition being provided for administration via tube? (e.g. gastrostomy tube, jejunostomy tube, nasogastric tube)

Method of administration: ____ Syringe ____ Gravity ____ Pump ____ Oral (e.g. drinking)

Days per week administered or infused: _____ (1-7)

Order (supply kits, IV pole, pump, feeding tube, etc.) Notes: 1) appendices describe relationship between method of administration and allowed nutrients and supplies, 2) frequency may also be calories per 24-hour period.

<i>Item Description</i>	<i>Frequency</i>	<i>Quantity</i>	<i>Refills</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other:

If nutritional infusion pump is required (need must be documented in the medical record):

____ *Stationary* ____ *Portable*

Signature, name, signature date, NPI, address, and telephone number

Signature: _____

Name (Printed): _____

Date (MM/DD/YYYY): _____ NPI: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number and extension: (____) _____ - _____ x _____