

Use of this template is voluntary / optional

## Parenteral Nutritional Therapy

### Laboratory Test Results Template Guidance

#### Purpose

This template is designed to assist a physician or Non-Physician Practitioner (NPP)<sup>1</sup> in documenting test results for parenteral nutrition eligibility and coverage. Specific test results need to be documented to support the need for Medicare coverage of specific parenteral nutritional therapy required by the patient. Documentation of medical necessity is essential and supports completion of a Detailed Written Order (DWO). The DWO designates the start of parenteral nutrition as a therapy for a Medicare beneficiary who has a confirmed diagnosed medical condition and laboratory test results supporting the need for parenteral nutritional therapy. Coverage requires certain laboratory testing to have been completed confirming the need to use specific FDA-approved parenteral nutritional therapy solution, pump/infusion kits, and supplies 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 within the system containing the patient's electronic medical record.

#### Patient Eligibility

Eligibility for coverage of parenteral nutritional therapy under Medicare requires a physician or NPP to establish that coverage criteria are met. Specific laboratory testing needs to be completed confirming the need for the parenteral nutritional therapy solution, pump/infusion kits, and supplies to be provided and used are consistent with the physician's or NPP's order and supported by the documentation in the patient's medical record.

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

National Coverage Determination (NCD) 100-03, §180.2, provides indications for coverage of enteral/parenteral nutritional therapy under Medicare (Note: information in *italics* is quoted directly):

Coverage of parenteral nutritional therapy under Part B *requires that the beneficiary must have:*

- *A condition involving the small intestine and/or its exocrine glands which significantly impairs absorption of nutrients; or*
- *Motility disorder of the stomach and/or intestine impairing the ability of nutrients to be transported through the GI system.*
  - *The medical record must document objective evidence supporting the clinical diagnosis.*

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<sup>1</sup> 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.

## DRAFT

*The beneficiary must have a permanent impairment. Parenteral nutrition will be denied as non-covered in situations involving temporary impairments.*

*NOTE: Permanence does not require a determination that there is no possibility that the beneficiary's condition may improve sometime in the future. If the judgment of the attending physician, substantiated in the medical record, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met.*

(See the attached Appendices)

FDA-approved parenteral nutritional therapy solutions and related supplies can be accessed on the PDAC website: <https://www.dmepdac.com/dmecsapp/>

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

### Who can complete the Laboratory Test Results Template?

A physician or allowed NPP who is enrolled in Medicare and performed the in-person visit with the beneficiary establishing and documenting the need for parenteral nutritional therapy and/or who orders a specific test to be performed under the supervision of a certified pathologist who supervises qualified laboratory personnel or technicians in completing the requested laboratory testing.

Note: If this template is used:

- 1) CDEs in black Calibri are required
- 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

Version R1.0d

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Parenteral Nutritional Therapy – Laboratory Test Results	
Patient information: Last name: _____ First name: _____ MI: _____ DOB (MM/DD/YYYY): _____ Gender: ___M ___F ___Other Medicare ID: _____	
Provider (physician/NPP) who performed the in-person evaluation (if available): Last name: _____ First name: _____ MI: ___ Suffix: ___ NPI: _____ Date of encounter (MM/DD/YYYY): _____	
Person performing testing: Laboratory: _____ NPI: _____ Name of tester: _____ Tester credentials: _____	
Test Date (MM/DD/YYYY): _____ <i>Fecal fat: _____ g per ___24H; ___72H</i> <i>Serum Albumen: _____ g/dl</i>	
Physician or allowed NPP signature, name, date completed, and NPI Signature: _____ Name (printed): _____ Date (MM/DD/YYYY): _____ NPI: _____	