

## CLINICIAN CHECKLIST FOR ENTERAL NUTRITION

### Policy References:

- [Local Coverage Determination \(LCD\) \(L38955\)](#)
- [Policy Article \(A58833\)](#)

### Documentation Reference:

- [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

#### [Standard Written Order \(SWO\)](#)

- |   |  |
|---|--|
| ■ Beneficiary's name or Medicare Beneficiary Identifier (MBI) | ■ Quantity to be dispensed, if applicable                          |
| ■ Order date  | ■ Treating practitioner name or National Provider Identifier (NPI) |
| ■ General description of the item                             | ■ Treating practitioner's signature                                |

Medical records as noted below

### Medical Documentation

Beneficiary has permanent impairment of long and indefinite duration

Full or partial non-function of the structures that normally permit food to reach the small bowel; OR

Disease that impairs digestion/absorption of an oral diet by the small bowel

Beneficiary's:

Condition (and duration of condition)

Clinical course (worsening and improvement)

Prognosis

Nature and extent of functional limitations

Other therapeutic interventions (and results)

Past experience with related items

Beneficiary requires enteral access device feeding to maintain weight and strength commensurate with overall health status

Adequate nutrition must not be possible by dietary adjustment/oral supplementation

Justification as to why that nutrient is selected, and why it's necessary

Method of administration and the reasoning behind that method

### **Special Formulas**

SWO

Documentation of specific medical condition(s) and medical need for the special nutrient

Reasons standard formula cannot be used to meet metabolic needs

Documentation of other formulas tried and failed or considered and ruled out

NOTE: Diagnosis alone is not sufficient reasoning for medical necessity