

CLINICIAN CHECKLIST FOR PARENTERAL NUTRITION

Policy References:

- [Local Coverage Determination \(LCD\) L38953](#)
- [Policy Article \(PA\) A58836](#)

Documentation References:

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

The treating practitioner must complete the following items:

Standard Written Order (SWO)

Medical records from treating practitioner as noted below

Medical Documentation:

Coverage is possible when all of the following are met:

The beneficiary must have a permanent (a) condition involving the small intestine/exocrine glands which significantly impairs the absorption of nutrients or (b) disease of the stomach/intestine which is a motility disorder and impairs the ability of nutrients to be transported through and absorbed by the gastrointestinal (GI) system.

For parenteral nutrition to be considered reasonable and necessary, the treating practitioner must document the condition is of long and indefinite duration, enteral nutrition (EN) has been considered and ruled out, tried and been found ineffective, or that EN exacerbates GI tract dysfunction.

The treating practitioner is required to evaluate the beneficiary within 30 days prior to initiation of parenteral nutrition. If the treating practitioner does not see the beneficiary within this timeframe, they must document the reason why and describe what other monitoring methods were used to evaluate the beneficiary's parenteral nutrition needs.

There must be documentation in the medical record supporting the clinical diagnosis.

Clearly document the necessity for the amount and type of nutrients being ordered in the clinical note, and necessity of any orders outside of ranges specified in the policy or need for special formulas.

Upon request, provide a copy of all of the above to the DME supplier.