

## **DOCUMENTATION CHECKLIST FOR ENTERAL NUTRITION**

### **Policy References:**

- [Local Coverage Determination \(LCD\): Enteral Nutrition \(L38955\)](#)
- [Local Coverage Article: Enteral Nutrition – Policy Article \(A58833\)](#)

### **Documentation Reference:**

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

### **The supplier must be able to provide all of these items on request:**

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

[Beneficiary Authorization](#)

[Proof of Delivery \(POD\)](#)

[Refill Requirements](#)

[Continued Need](#)

[Continued Use](#)

Medical records from treating practitioner as noted below

### **Medical records should contain:**

Beneficiary has permanent impairment of long and indefinite duration

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

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

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 supplements

### **Enteral Infusion Pump (B9002)**

Gastrostomy/jejunostomy tube used for feeding

### **Special Nutrient Formulas (B4149, B4153, B4154, B4155, B4157, B4161, B4162)**

Physician ordered the special nutrient

Medical records document specific medical condition and unique need for the special nutrient

### **Feeding Supply Allowance (B4034, B4035, B4036, B4148)**

Feeding supply allowance corresponds to the method of administration

When a pump supply allowance (B4035) is provided, the medical necessity of the pump must be documented

Note: Feeding supply allowances describe a daily supply fee rather than a specifically defined “kit”. Refill requirements do not apply to the supply fee allowance. More than one unit of service (UOS) per day of enteral administration is not reasonable and necessary.

**Digestive Enzymes Cartridge (B4105)**

Meet coverage criteria for enteral nutrition

Diagnosis of Exocrine Pancreatic Insufficiency (EPI) (refer to Group 1 Codes in LCD)