

## **CLINICIAN CHECKLIST FOR PARENTERAL NUTRITION**

### **Policy References:**

- [Enteral and Parenteral Nutritional Therapy National Coverage Determination \(NCD\)](#)
- [Local Coverage Determination \(LCD\) L38953](#)
- [Policy Article \(PA\) A58836](#)
- [Parenteral Nutrition - Correct Coding and Billing](#)

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

The treating clinician 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) condition involving the small intestine and/or its exocrine glands which significantly impairs the absorption of nutrients or (b) disease of the stomach and/or 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 that enteral nutrition has been considered and ruled out, tried and been found ineffective, or that EN exacerbates GI tract dysfunction

Condition is of long and indefinite duration

Beneficiary cannot be maintained on oral or enteral feedings and due to severe pathology of the alimentary tract, the beneficiary must be intravenously infused with parenteral nutrition in order to maintain weight and strength commensurate with their overall health status

Maintenance of weight and strength commensurate with the beneficiary's overall health status must require intravenous nutrition and must not be possible by either modifying the composition of enteral nutrition, or other treatments for malabsorption

Medical record must clearly document the specific etiology, physical findings, symptoms, and include any test results indicating severe pathology of the alimentary tract, copies of the operative report and/or hospital discharge summary, and/or imaging reports

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.

If necessary, obtain a copy of a nutritional assessment by a clinician, dietitian or other qualified professional within one week prior to initiation of parenteral nutrition indicating current weight, caloric requirements, dietary modifications/supplements that have been tried, etc.

Clearly document the necessity for the amount and type of nutrients being ordered in the clinical note

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