

REQUIRED DOCUMENTATION

All Claims for Enteral Nutrition

Written Documentation of Dispensing Order* (written, fax, or verbal order):

Description of the item	Prescribing physician/practitioner's signature (if a written order) or supplier signature (if verbal order)
Name of the beneficiary	
Prescribing physician/practitioner's name	* <i>Only required if items are dispensed prior to the signature date on the detailed written order</i>
Date of order	

Detailed Written Order

Beneficiary's name

Description or name of nutrient to be administered

Rate/frequency of administration and/or number of calories per 24 hour period

For supplies – list all supplies that are separately billable, and for each include the frequency of use (if applicable), and the quantity dispensed

Quantity to be dispensed (Should correspond with the total amount of each item to be provided per refill. This information may be expressed as cans, bottles/bags, cases, or billing units (1 unit = 100 calories)).

Number of refills

Prescribing physician/practitioner's signature (and date if applicable*)

- * *Someone other than the physician/practitioner may complete the DWO of the item unless statute, manual instructions, the contractor's LCD or policy articles specify otherwise. However, the prescribing physician/practitioner must review the content and sign and date the document.*

Date of the order

Physician's signature on the written order meets CMS Signature Requirements

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>

NOTE: Suppliers should not submit claims to the DME MAC prior to obtaining a detailed written order. Items billed to the DME MAC before a signed and dated detailed written order has been received must be submitted with modifier EY.



Refill Request

Items Were Obtained In Person at a Retail Store	Written Refill Request Received from the Beneficiary	Telephone Conversation Between Supplier and Beneficiary
Signed Delivery Slip Beneficiary's name Date List of items purchased Quantity received Signature of person receiving the items OR Itemized Sales Receipt Beneficiary's name Date Detailed list of items purchased Quantity received	Name of beneficiary or authorized rep (indicate relationship) Description of each item being requested Date of request Quantity of each item beneficiary still has remaining Request was not received any sooner than 14 calendar days prior to the delivery/shipping date Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product	Beneficiary's name Name of person contacted (if someone other than the beneficiary include this person's relationship to the beneficiary) Description of each item being requested Date of contact Quantity of each item beneficiary still has remaining Contact was not made any sooner than 14 calendar days prior to the delivery/shipping date Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product

Delivery Documentation

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice	Delivery to Nursing Facility on Behalf of a Beneficiary
Beneficiary's name Delivery address Quantity delivered A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. Signature of person accepting delivery Relationship to beneficiary Delivery date	Shipping invoice Beneficiary's name Delivery address A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. Quantity shipped Tracking slip References each individual package Delivery address Package I.D. #number Date shipped Date delivered A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier)	Shipping invoice Beneficiary's name Delivery address A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. Quantity shipped Date shipped Signature of person accepting delivery Relationship to beneficiary Delivery date	Documentation demonstrating delivery of the item(s) to the facility by the supplier or delivery entity; and, Documentation from the nursing facility demonstrating receipt and/or usage of the item(s) by the beneficiary. The quantities delivered and used by the beneficiary must justify the quantity billed.

NOTE: If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:

- Suppliers may use the shipping date as the DOS. The shipping date is defined as the date the delivery/shipping service label is created or the date the item is retrieved by the shipping service for delivery. However, such dates should not demonstrate significant variation.
- Suppliers may use the date of delivery as the DOS on the claim

DME MAC Information Form (DIF) for Enteral Nutrition

Medical Records

The beneficiary has a permanent (at least 3 months) impairment due to:

Non-function or disease of the structures that normally permit food to reach the small bowel; **OR**

A disease of the small bowel which impairs digestion and absorption of an oral diet.



The beneficiary requires tube feedings to maintain weight and strength commensurate with the beneficiary's overall health status. Adequate nutrition is not possible through dietary adjustment and/or oral supplements.

The nutrition is being provided via a tube into the stomach or small intestine (the beneficiary is **not** drinking the nutrient).

Medical records meet CMS Signature Requirements (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>).

Claims for Special Nutrient Formulas (B4149, B4153 – B4157, B4161, & B4162)

The records document the medical condition requiring the special formula as opposed to a B4150 formula and the severity of that condition as shown by history, physical exam and diagnostic/laboratory studies.

The records document a response of the medical condition to a B4150 formula as compared to the response to the prescribed special B4154 formula or, if this comparison was not made, the medical reason for its absence is explained for the individual beneficiary and not a generalized statement such as the diagnosis.

Claims for Enteral Nutrition Infusion Pumps

The medical record contains documentation that justifies the use of a pump:

Gravity feeding is not satisfactory due to reflux and/or aspiration; **or**

Severe diarrhea; **or**

Dumping syndrome; **or**

Administration rate less than 100 ml/hr; **or**

Blood glucose fluctuations; **or**

Circulatory overload; **or**

Gastrostomy/jejunostomy tube used for feeding.

REMINDERS

- A new initial DIF is required for the enteral nutrient when:
 - A formula billed with a different code which has not been previously certified is ordered; **or**
 - Enteral nutrition services are resumed after they have not been required for two consecutive months.
- A new initial DIF for an infusion pump is required when:
 - The administration method changes from syringe or gravity to pump, **or**
 - Enteral nutrition services involving use of a pump are resumed after they have not been required for two consecutive months.
- A revised DIF for enteral nutrition is required when:
 - The method of administration changes; **or**
 - The number of calories per day changes; **or**
 - The number of days administered per week changes; **or**
 - The route of administration changes from tube feedings to oral feedings (if billing for denial).
 - The HCPCS code for the current nutrient changes.

Note: A revised DIF must be submitted when the length of need previously entered on the DIF has expired and the ordering physician is extending the length of need for the item(s).
- Self-blenderized formulas are noncovered by Medicare
- Items billed to the DME MAC before a signed and dated order has been received must be submitted with modifier EY.
- An IV pole (E0776) used for enteral nutrition administered by gravity or a pump should be billed with modifier BA.



- When enteral nutrients are administered by mouth, modifier BO must be added to the code.
- Enteral nutrition provided to a patient in a Part A covered stay must be billed by the SNF to the fiscal intermediary. No payment from Part B is available.

ONLINE RESOURCES

JB: https://www.cgsmedicare.com/jb/mr/enteral_nutrition_resources.html

JC: https://www.cgsmedicare.com/jc/mr/enteral_nutrition_resources.html

Enteral Nutrition Calculator

JB: <https://www.cgsmedicare.com/jb/calculators/dutscalcent/dutscalcent.html>

JC: <https://www.cgsmedicare.com/jc/calculators/dutscalcent/dutscalcent.html>

NOTE: It is expected that the beneficiary's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.