



ENTERAL NUTRITION

**REQUIRED DOCUMENTATION**

**All Claims for Enteral Nutrition**

**Standard Written Order (SWO)**

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Description or name of nutrient to be administered
- 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)).
- General description of the item
  - The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand
  - For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).
  - For supplies – In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (list each separately)
- Treating Practitioner Name or NPI
- Treating Practitioner's signature
- Order date
- Treating Practitioner'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 standard written order. Items billed to the DME MAC before a completed standard 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  <b>OR</b> 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 (long and indefinite duration) impairment due to:

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

A disease that impairs digestion and/or absorption of an oral diet, directly or indirectly, by the small bowel.

The beneficiary requires feedings via an enteral access device to provide sufficient nutrients to maintain weight and strength commensurate with the beneficiary's overall health status. Adequate nutrition must not be possible by 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, B4154, B4155, B4157, B4161, & B4162)**

The medical record specifies why a standard formula cannot be used to meet the beneficiary's metabolic needs. (The medical record may include other formulas tried and failed or considered and ruled out. **Note:** A diagnosis alone is not sufficient to support the medical need for a specialty formula.)

**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.

### Claims for In-Line Digestive Enzyme Cartridges (B4105)

The medical record supports that in addition to meeting the enteral nutrition coverage requirements, that the beneficiary:

Has a diagnosis of Exocrine Pancreatic Insufficiency (EPI)

## 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 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 (revised DIF for the pump).
- Note:** A revised DIF must be submitted when the length of need previously entered on the DIF has expired and the ordering practitioner 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 beneficiary 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](https://www.cgsmedicare.com/jb/mr/enteral_nutrition_resources.html)
- **JC:** [https://www.cgsmedicare.com/jc/mr/enteral\\_nutrition\\_resources.html](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>

### Local Coverage Determinations (LCDs) and Policy Articles

- **JB:** <https://www.cgsmedicare.com/jb/coverage/lcdinfo.html>
- **JC:** <https://www.cgsmedicare.com/jc/coverage/lcdinfo.html>



**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.