DOCUMENTATION CHECKLIST

JURISDICTIONS B & C

Parenteral Nutrition

REQUIRED DOCUMENTATION

☐ **Standard Written Order (SWO)**

The SWO contains all of the following elements:

- ○ Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- ○ Order Date
- ○ 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 name/model number
  - ☐ 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)
- ○ Quantity to be dispensed, if applicable
- ○ Treating Practitioner Name or NPI
- ○ Treating Practitioner's signature
- ○ The practitioner's signature on the written order meets **CMS Signature Requirements** 100-08 Program Integrity Manual (PIM), Chapter 3, Section 3.3.2.4
- ○ Any changes or corrections have been initialed/signed and dated by the ordering practitioner.

☐ **Refill Request**

For dates of service on and after January 1, 2024	
Items Were Obtained In Person at a Retail Store	**Delivered Refill Communications**
☐ Signed delivery slip or copy of itemized sales receipt ☐ Delivery slip/receipt should indicate items were picked up at store front	☐ Beneficiary name and/or authorized representative (Suggested: if someone other than the beneficiary include this person's relationship to the beneficiary) ☐ Date of Request ☐ Description of each item requested ☐ Documentation of affirmative response indicating a need for the refill ☐ Contact must occur no sooner than 30 calendar days prior to the expected end of the current supply ☐ Shipment/delivery occur no sooner than 10 calendar days prior to expected end of current supply

NOTE: Refill requirements are not applicable to B4220, B4222, and B4224.

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☐ **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. ☐ Delivery date ☐ Signature of person accepting delivery ☐ Relationship to beneficiary	☐ 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:

1. 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.
2. Suppliers may use the date of delivery as the DOS on the claim.

☐ The treating practitioner must document that enteral nutrition has been considered and ruled out, tried and been found ineffective, or that enteral nutrition exacerbates gastrointestinal tract dysfunction.

☐ The beneficiary must have:

- ○ A condition involving the small intestine and/or its exocrine glands which significantly impairs the absorption of nutrients, or
- ○ A 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.

☐ The beneficiary has a permanent impairment.

- ○ If the medical record, including the judgment of the treating practitioner, indicates that the impairment will be of long and indefinite duration, the test of permanence is considered met.

☐ The treating practitioner evaluated the beneficiary with 30 days prior to initiation of parenteral nutrition.

- ○ If the treating practitioner did not see the beneficiary within this timeframe,
  - ☐ The reason why and describe what other monitoring methods were used to evaluate the beneficiary's parenteral nutrition needs.

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Parenteral Nutrition

REMINDERS

- LCD: A total caloric daily intake of 20-35 cal/kg/day is considered reasonable and necessary to achieve or maintain appropriate body weight. The treating practitioner must document the medical necessity for a caloric intake outside this range in an individual beneficiary.
- The treating practitioner must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day (B4168, B4172, B4176, B4178), dextrose concentration less than 10% (B4164, B4180), or lipid use per month in excess of the product-specific, FDA-approved dosing recommendations (B4185, B4187).
- Special nutrient formulas, HCPCS codes B5000, B5100, and B5200 are produced to meet the unique nutrient needs for specific disease conditions. The beneficiary's medical record must adequately document the specific condition and the necessity for the special nutrient.
- Only one infusion pump is covered for beneficiaries in whom parenteral nutrition is required.
- Only one supply kit and one administration kit are covered for each day that parenteral nutrition is administered.
- Regardless of utilization, a supplier must not dispense more than a 1-month quantity of parenteral nutrition and supplies at a time.
- When parenteral nutrition is administered in an outpatient facility, the pump used for its administration and IV pole will be denied as not separately payable. The pump and pole are not considered as rentals to a single beneficiary, but rather, as items of equipment used for multiple beneficiaries.
- When an IV pole (E0776) is used in conjunction with parenteral nutrition, the BA modifier should be added to the code. Code E0776 is the only code with which the BA modifier may be used.
- Claim lines billed with codes without a KX, GY, GA or GZ modifier will be rejected as missing information.

ONLINE RESOURCES

- **DME MAC Supplier Manual**
  - **JB:** https://www.cgsmedicare.com/jb/pubs/supman/index.html
  - **JC:** https://www.cgsmedicare.com/jc/pubs/supman/index.html
- **Parenteral Nutrition LCD and PA**
  - **JB:** https://www.cgsmedicare.com/jb/coverage/lcdinfo.html
  - **JC:** https://www.cgsmedicare.com/jc/coverage/lcdinfo.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.

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