



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

\*For dates of service prior to January 1, 2024\*

Table with 3 columns: Items Were Obtained In Person at a Retail Store, Written Refill Request Received from the Beneficiary, Telephone Conversation Between Supplier and Beneficiary. Rows list required documentation such as Signed Delivery Slip, Itemized Sales Receipt, Name of beneficiary, and Description of items.



*\*For dates of service on and after January 1, 2024\**

Items Were Obtained In Person at a Retail Store	Delivered Refill Communications
<p>Signed delivery slip or copy of itemized sales receipt                      Delivery slip/receipt should indicate items were picked up at store front</p>	<p>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</p>

**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
<p>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</p>	<p>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, 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)</p>	<p>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</p>	<p>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.</p>

**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

**Medical Records**

Enteral nutrition is covered for a beneficiary who requires feedings via an enteral access device to provide sufficient nutrients to maintain weight and strength commensurate with the beneficiary's overall health status and has a permanent:

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.



Adequate nutrition must not be possible by dietary adjustment and/or oral supplements.  
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.

Examples:

- 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

- 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.
- For dates of service on or after 07/02/23 claim lines billed without a KX, GA, GY or GZ modifier will be rejected as missing information.

### 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.