

CERTIFICATE OF MEDICAL NECESSITY: PARENTERAL NUTRITION

PATIENT NAME	SUPPLIER NAME
ADDRESS	ADDRESS
CITY	CITY
STATE ZIP	STATE ZIP
RECIPIENT ID NUMBER	PROVIDER NUMBER
TELEPHONE NUMBER	TELEPHONE NUMBER
DOES THE PATIENT RESIDE IN A NURSING FACILITY? Y N	HCPCS CODE(S) UNITS COST
DIAGNOSIS (ICD-10)	_____
PATIENT HT _____(INCHES) WT _____(POUNDS)	_____
AGE _____ DOB _____ SEX: M F	DOS FROM: _____ THRU _____

TO BE COMPLETED BY PHYSICIAN

PHYSICIAN NAME _____ ATTENDING _____ CONSULTING _____ OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ILAST EXAMINED THIS PATIENT FOR THIS CONDITION ON: _____ / _____ / _____

I ESTIMATE THAT THIS PATIENT WILL NEED THIS TREATMENT FOR _____ # MONTHS, 1-99 (99=LIFETIME)

1. DOES THE PATIENT HAVE SEVERE PERMANENT DISEASE OF THE GASTROINTESTINAL TRACT WHICH PREVENTS ABSORPTION OF SUFFICIENT NUTRIENTS TO MAINTAIN WEIGHT AND STRENGTH COMMENSURATE WITH THE PATIENT'S OVERALL HEALTH STATUS? _____ EXPLAIN:

2. MEDICAL HISTORY. DESCRIBE IN DETAIL THE PATIENT'S MEDICAL HISTORY LEADING UP TO PARENTERAL THERAPY. (LAB VALUES, X-RAYS, HISTORY AND PHYSICAL) _____

3. DO THE NUMBER OF CALORIES PRESCRIBED AVERAGE 20-35 CAL/KG/DAY?

4. NUMBER OF DAYS PER WEEK INFUSED? (1-7)

5. FORMULA COMPONENTS: _____

AMINO ACID _____ (ML/DAY) _____ CONCENTRATION % _____ GRAMS PROTEIN/DAY

DEXTROSE _____ (ML/DAY) _____ CONCENTRATION % _____

LIPIDS _____ (ML/DAY) _____ DAYS/WEEK _____ CONCENTRATION % _____

6. WHAT IS THE ROUTE OF ADMINISTRATION? _____

(CENTRAL, PERIPHERAL, OR HEMODIALYSIS ACCESS LINE, PERIPHERALLY INSERTED CENTRAL CATHETER (PICC).)

PHYSICIAN CERTIFICATION: I CERTIFY THE MEDICAL NECESSITY OF THESE ITEMS FOR THIS PATIENT. THIS FORM AND ANY STATEMENT ON MY LETTERHEAD ATTACHED HERETO HAS BEEN COMPLETED BY ME OR REVIEWED BY ME. THE FORGOING INFORMATION IS TRUE, ACCURATE, AND COMPLETE, AND I UNDERSTAND THAT ANY FALSIFICATION, OMISSION, OR CONCEALMENT OF MATERIAL FACT MAY SUBJECT ME TO CIVIL OR CRIMINAL LIABILITY.

PHYSICIAN SIGNATURE _____ DATE _____

(Signature and dated stamped and Electronic signatures are not acceptable.)

UPIN _____ TELEPHONE NUMBER _____