



SITE _____
 DATE _____

PATIENT NAME _____
 MC ID# _____

TPN QUALIFYING CHECKLIST FOR INTAKE (Medicare Part B)

Core Coverage Criteria

- Yes No Is there a severe permanent functional impairment that cannot be treated by pharmacologic means or enteral feedings? OR
- Yes No Has an enteral trial failed?
- Yes No Have pharmacological means been tried?

If No to all of the above questions, this patient does not meet the core coverage criteria.

If Yes to above, then one of the following must be a Yes:

- Yes No 1. Has the patient undergone surgery within the past three months leaving < 5 feet of small bowel beyond the ligament of Trietz? OR
- Yes No 2. Does the patient have severe short bowel syndrome that results in evidence of electrolyte malabsorption and GI fluid of 2.5-3 L/day resulting in Enteral losses that exceed 50% of the oral/enteral intake and urine output of < 1 liter/day? OR
- Yes No 3. Does the patient require bowel rest for at least three months an receiving intravenously 20-35 cal/kg/day for:
 symptomatic pancreatitis with or without pancreatic pseudocyst OR
 severe exacerbation of regional enteritis or proximal enterocutaneous fistula where tube feeds distal to fistula is not possible.
 OR
- Yes No 4. Does the patient have a complete mechanical small bowel obstruction where surgery is not an option? OR
- Yes No 5. Is the patient malnourished as evidenced by (must check all): 10% weight loss over three months or less, and Serum albumin < 3.4 grn/DL ,and Severe fat malabsorption (fecal fat exceeds 50% of oral/enteral intake on a diet of at least 50gms of fat per day as measured by a standard 72 hour fecal fat test). OR
- Yes No 6. Is the patient significantly malnourished as evidenced by (**must** check all: 10% weight loss over 3 months or less, and serum albumin < 3.4grmDL, and sere motility disturbance of the small intestine and/or stomach, which is unresponsive to prokinetic medications and is demonstrated scintigraphically or radiographically. These studies must be performed when the patient is not acutely ill and is not on any medication which

If No to ALL SITUATIONS 1 – 6, then the patient must meet all of the following: (The following situations are at higher risk for Medicare rejections. Please evaluate carefully.) Maintenance of weight ad strength commensurate with the patient’s overall health must require intravenous nutrition and must not be possible utilizing the following approaches:

- Modifying the nutrient composition of the enteral diet, e.g., lactose free, gluten free, low in long chain triglycerides, substitution with medium chain triglycerides, provision of protein as peptides or amino acids, etc., AND
- Utilizing pharmacologic means to treat the etiology of the malabsorption, e.g., pancreatic enzymes or bile salts, broad spectrum antibiotics for bacterial overgrowth, prokinetic medication for reduced motility, etc.

And the following supporting medical policy

- Yes No 7. Is the patient malnourished as evidenced by 10% weight loss over 3 months and serum albumin < 3.4.
- Yes No 8. Has a disease and clinical condition been documented as being present and it has not responded to altering the manner of delivery of appropriate nutrients, e.g., show infusion of nutrients through a tube with the tip located in the stomach or jejunum.

Summarize the Information:

- Yes No 1. Patient meets core coverage criteria and at least one supporting criteria described in 1 – 6. OR
- Yes No 2. Patient meets core coverage and both supporting criteria described in 7 and 8.

Did you Choose to Accept Medicare Assignment? Yes No

Required Documentation:

- 1-4 Operative Report and/or Discharge Summary, and/or x-rays, and/or physician letter.
 5-8 Fecal fat test, serum albumin, nutritional assessment.
 6-8 Small bowel motility studies and medications client was on at time of test.

would decrease bowel motility.

7-8 Need specific