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 DIAGNOSIS (ICD-9) PATIENT HT _____(INCHES) WT _____ (POUNDS) AGE _____ DOB _____ SEX: M F	HCPCS CODE(S) UNITS COST _____ _____ _____ _____ _____ _____ DOS FROM: _____ THRU

TO BE COMPLETED BY PHYSICIAN

PHYSICIAN NAME _____ ATTENDING _____ CONSULTING _____ OTHER

ADDRESS_____ CITY _____ STATE _____ ZIP

I LAST 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 NTAIN 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 COMPLETE D 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
(STAMPED SIGNATURES WILL NOT BE ACCEPTED)
UPIN _____ TELEPHONE NUMBER