



The Benefits of Better Health

TPN (Total Parenteral Nutrition) Authorization Form

TPN Lipids Additives Other: _____

Patient ID number: _____ Patient name: _____

Patient phone: _____ Date of birth: _____

Weight: _____ Height: _____ BMI: _____ M F

Member address: _____

HCPCS/CPT codes: _____

Diagnosis codes: _____

Diet ordered? _____

Treatment start date: _____ Next doctor appointment: _____

Billing provider information

Physician name: _____ Tax ID: _____

Physical address: _____ (no P.O. boxes)

City: _____ State: _____ ZIP: _____

Contact name: _____

Contact phone: _____ Ext: _____ Fax: _____

For consideration, the following documentation needs to be attached:

- Current history & physical, surgical reports, GI consultation report and discharge summary
- Complete TPN orders to include 2:1 or 3:1 ration, lipid percentage and detailed additives not normally included in TPN solution
- Diagnostic testing (nuclear isotope and/or X-ray motility studies)
- Ordering provider treatment plan with letter of medical necessity
- Nutritional consultations including dietician recommendations
- Anthropometric data (Intake/Output, ideal body weight, current body weight, usual body weight)
- 3 month documented weight history
- Labs to include serum albumin, pre-albumin, total protein and comprehensive metabolic panel
- Prokinetic medication history (tried and failed)

Please fax this form and the above requested information to 816.257.3255.