



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? \_\_\_\_\_

Registered Dietician or Nutritionist following patient? \_\_\_\_\_

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.**