

TPN ENROLLMENT FORM



REFERRAL SOURCE INFORMATION

REFERRAL SOURCE:	CONTACT NAME:	PHONE:
------------------	---------------	--------

Please fax this completed sheet along with the following documents for an **EASIER** and more **EFFICIENT** referral process.

***Coverage criteria may vary by payer.**

- ☐ **DEMOGRAPHIC SHEET** - Must include SS#, Phone#, Emergency Contact and Insurance Info
- ☐ **SIGNED PHYSICIAN ORDER** - Must be signed by MD/APN (pharmacy may request additional physician signature for payer specific requirements)
- ☐ **HISTORY & PHYSICAL** - Must have diagnosis w/ICD-10 Code, recent Provider notes, recent Registered Dietician notes, history of present illness (including most recent CMP, CBC, magnesium, phosphorous, triglycerides); records must be within the last 30 days
- ☐ **DOCUMENTATION THAT ENTERAL NUTRITION IS NOT APPROPRIATE** (has been tried and found ineffective/inappropriate, exacerbates GI dysfunction, was considered and ruled out)

PATIENT INFORMATION

PATIENT NAME (First, Last, MI):		
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DOB:	SOCIAL SECURITY #:
PRIMARY PHONE #:		ALTERNATE PHONE #:
PRIMARY CARE PHYSICIAN:		

CLINICAL INFORMATION

HEIGHT (INCHES):	WEIGHT: <input type="checkbox"/> lbs. <input type="checkbox"/> kg	IV ACCESS: <input type="checkbox"/> SL PICC <input type="checkbox"/> DL PICC <input type="checkbox"/> TL PICC <input type="checkbox"/> Tunneled Catheter <input type="checkbox"/> Port
PRIMARY DIAGNOSIS:		ICD-10:
Is this patient starting TPN for the first time in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, patient is stable on hospital formula		

HOME THERAPY INFORMATION

DISCHARGE DATE:
ANTICIPATED START FROM PHARMACY:
HOME HEALTH (if applicable - include contact & phone):
PHYSICIAN FOLLOWING THERAPY (if not the one writing the order):

ORDER INFORMATION

<input type="checkbox"/> RED RIVER PHARMACY TO MANAGE (Red River Pharmacy will provide 3-in-1 TPNs unless			
<input type="checkbox"/> PHYSICIAN MANAGED (please specify below):			
<input type="checkbox"/> PROTEIN ____ g	<input type="checkbox"/> SODIUM ____ mEq	<input type="checkbox"/> MULTIVITAMIN 10 mL (patient add)	<input type="checkbox"/> ADDITIONAL ADDITIVES (please specify):
<input type="checkbox"/> CARBOHYDRATES ____ g	<input type="checkbox"/> POTASSIUM ____ mEq	<input type="checkbox"/> TRACE ELEMENTS 1 mL	
<input type="checkbox"/> FATS ____ g	<input type="checkbox"/> CALCIUM ____ mEq	<input type="checkbox"/> FOLIC ACID ____ mg (patient add)	
	<input type="checkbox"/> MAGNESIUM ____ mEq	<input type="checkbox"/> THIAMINE ____ mg (patient add)	
<input type="checkbox"/> PHOSPHOROUS ____ mmol			
INFUSION PARAMETERS:			
VOLUME: _____ mL/day over ____ hours <input type="checkbox"/> NO TAPER <input type="checkbox"/> TAPER UP: ____ hr <input type="checkbox"/> TAPER DOWN: ____ hr			

LAB MONITORING INFORMATION

<input type="checkbox"/> RED RIVER PHARMACY TO MANAGE			
<input type="checkbox"/> PHYSICIAN TO MANAGE (please specify below):			
<input type="checkbox"/> CMP (BMP + LFTs)	<input type="checkbox"/> Phosphorous	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Trace Elements (biannually)
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> CBC w/diff	<input type="checkbox"/> Triglycerides	
DESIRED FREQUENCY OF MONITORING*: <input type="checkbox"/> Twice Weekly <input type="checkbox"/> Once Weekly <input type="checkbox"/> Other (please specify):			
*Red River Pharmacy recommends twice weekly labs until patient is stable, then once weekly (determined on a case-by-case basis)			

Physician Signature

Date

Please fax your Enrollment Form to: 833-439-0587

*By signing this enrollment form, you are agreeing to utilize our services and authorize Red River Infusion Pharmacy and its employees to act as your pre-authorization agent when communicating with medical and prescription insurance companies. The information contained in this facsimile message is privileged and confidential information intended for the use of the addressee listed above. If you are neither the intended recipient or the employee or agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this transmitted information is strictly prohibited. If you have received this transmitted information in error, please immediately notify us at (903) 792-2753 to arrange for the return of documents to us.

***Nutrition Requirements (if prescribed amounts are outside of the below ranges/recommendations, treating practitioner must document medical necessity)**

- 20-35 cal/kg/day
- 0.8-0.2 g/kg/day of protein
- Dextrose concentration less than 10%
- Lipid use per month more than the product-specific, FDA dosing recommendation

Important Information About Parenteral Nutrition

- Parenteral nutrition is covered by most payers when the beneficiary has (a) a condition involving the small intestine and/or its exocrine glands which significantly impairs the absorption of nutrients or (b) disease of the stomach and/or intestine which is a motility disorder and impairs the ability of nutrients to be transported through and absorbed by the gastrointestinal (GI) system. **See common diagnosis list below.*
- Most payers do allow parenteral nutrition to be initiated in the home setting. We will confirm this with each referral and let you know if the payer does not allow it.
- Medicare requires that the diagnosis is a permanent impairment. While this does not mean there is no chance the patient will improve, the treating prescriber must document in the clinical record the impairment will be of long and indefinite duration. Typically, they are satisfied with a duration of 90 days or greater. **Please note that notation of 90 days or greater on the prescription alone is not valid. It must be documented in the medical record.*

Important Information About Red River Pharmacy Parenteral Therapy Provisions

- Page one of this document also lists the medical record documentation that is required for referral to be approved for insurance coverage.
- Each patient needing to start TPN in the home will be reviewed by pharmacy clinical staff for appropriateness prior to agreement to start in the home.
- Red River Pharmacy does provide the option for a nurse to provide teaching prior to a patient starting TPN therapy. A Red River Pharmacy nurse can provide an initial hook-up for the patient as requested.

Common Diagnosis for Parenteral Nutrition Therapy

- This list is not all encompassing. If a diagnosis is not listed, it does not indicate it is not covered.
 - Fistula
 - Bowel obstruction
 - Crohn's Disease (in severe cases)
 - Gastrointestinal cancer
 - Intestinal failure
 - Gastrectomy
 - Short Bowel Syndrome