Additive for enteral formula
NA NUTRISOURCE® FIBER

Enteral formulas, for pediatrics, hydrolyzed/amino acids and peptide chain proteins

Enteral formulas, for pediatrics, nutritionally complete calorically dense with intact nutrients
$0.55
BOOST PLUS®, BOOST® VHC, ISOSOURCE® 1.5 CAL, NUTREN® 1.5, NUTREN® 2.0, RESOURCE® 2.0

Nutritionally complete, hydrolyzed peptides (amino acids and peptide chains)

Nutritionally complete, for special metabolic needs, excludes nutritionally incomplete/modular nutrients; INCLUDES ARGinine, FAT (E.G. MEDIUM CHAIN TRIGLYCERIDES), POLYMERS, PROTEINS/AMINO ACIDS (E.G. GLUTAMINE, ARGININE), FAT (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION

Nutritionally complete, for special metabolic needs

Formulas that are used to replace fluids and electrolytes
NA ARGINAID ExTRA®, BOOST® BREEZE, DIABETISHIELD®

Formulas for pediatrics, nutritionally complete calorically dense with intact nutrients

Formulas for pediatrics, hydrolyzed/amino acids and peptide chains

Formulas, for special metabolic needs

Assoc. Address for enteral formula

For additional information on Nutrisource products, please contact your local Nestlé HealthScience representative or visit www.nestleHealthScience.us

1-800-422-ASK2 (2752)
Visit us at: NestleHealthScience.us

CONDITIONS WHICH REQUIRE EXTRA DOCUMENTATION
• Tube feeding administered by pump. Gravity feeding is not satisfactory due to
  • Reflux and/or aspiration; or
  • Severe diarrhea; or
  • Dumping syndrome; or
  • Administration of less than 100 mL/hr; or
  • Blood glucose fluctuations; or
  • Circulatory overload; or
  • Gastronomy/gastrostomy tube used for feeding

Use of formulas B4149, B4153-B4157, B4161 and B4162 requires documentation of medical necessity. Do not bill any formulas for which documentation is not available.

Documentation in the Patient’s Medical Record

For any DMEPOS item to be covered by Medicare, the patient’s medical record must contain pertinent documentation for the patient’s medical condition and for the specific medical necessity for the item. This information should include the patient’s diagnosis and any pertinent history, clinical course (worsening or improving), prognosis, nature and extent of the patient’s condition, functional limitations, other therapeutic interventions and results, patient treatment/therapy plans, and other pertinent information that should be included in the patient’s medical record that supports the medical necessity for the type and quantity of items and services furnished.

For any DMEPOS item to be covered by Medicare, a physician’s order or a supplier-prepared statement (if applicable) is required. The information should include the patient’s diagnosis and any pertinent history, clinical course (worsening or improving), prognosis, nature and extent of the patient’s condition, functional limitations, other therapeutic interventions and results, patient treatment/therapy plans, and other pertinent information that should be included in the patient’s medical record that supports the medical necessity for the type and quantity of items and services furnished.

For all applicable items, the information required for reimbursement must be documented in the patient’s medical record within the 60 day period immediately preceding the date of services.

For any DMEPOS item to be covered by Medicare, the patient’s medical record must contain documentation that would substantiate the medical necessity for the item. This documentation should include the patient’s diagnosis and any pertinent history, clinical course (worsening or improving), prognosis, nature and extent of the patient’s condition, functional limitations, other therapeutic interventions and results, patient treatment/therapy plans, and other pertinent information that should be included in the patient’s medical record that supports the medical necessity for the type and quantity of items and services furnished.

Documentation is required in the patient’s medical record that describes why the patient cannot or should not utilize standard formulas, requires documentation of medical necessity describing why the patient cannot or should not utilize standard formulas, and requires documentation of medical necessity describing why the patient cannot or should not utilize standard formulas.

This information has been provided for illustrative purposes only and does not constitute legal or reimbursement advice. Policies and regulations change frequently and are subject to interpretation by the relevant third party sources. Nestlé HealthScience, Inc. does not warrant or make any representations or guarantees as to the accuracy, completeness, or usefulness of such third party sources and is presented for illustrative purposes only. This information should not be interpreted as a guarantee of reimbursement or as endorsed by Medicare, Medicaid, or an Insurance Carrier. Billing entities should contact their third-party payers for specific information on their coding, coverage and payment policies. While this publication provides examples of clinical information that may be supportive of the medical necessity for covered items and services, it is not intended to be a guarantee of reimbursement by Medicare or other third party payers and is not intended to be a guideline for patient treatment/therapy plans. The policies and regulations presented herein are for informational purposes only and do not necessarily represent the policies of Medicare or any other third party payers. This information is not intended to be used as evidence in the patient’s medical record in any manner, including as evidence in Medicare, Medicaid, third party payers, or any other third party payer systems (e.g., workers compensation, self-insured corporations, etc.). This information should not be used in any such manner.


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<th><strong>COMPOSITION</strong></th>
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| **Elemental Nutrition** | A comprehensive, evidence-based approach to dietary planning.  
- Elemental formulas designed to support a variety of needs.  
- Suitable for patients with intolerance to complete or semi-elemental formulas.  
- Provides a complete and balanced diet.  
- Easy to use and administer.  
- Ideal for patients with a diminished appetite or malabsorption issues.  
- Adapted to individual patient needs.  
- Helps maintain lean body mass and energy levels. |
| **Advanced Care** |  
- Designed for patients requiring enteral nutrition support in the hospital setting.  
- Provides balanced nutrition to support healing and recovery.  
- Helps maintain hydration status.  
- Promotes gut health and reduces the risk of infection.  
- Assists in maintaining a healthy body weight.  
- Supports immune function.  
- Helps manage fluid and electrolyte balance. |
| **Renal Tolerance** |  
- Formulated to support patients with renal failure.  
- Designed to manage protein, fluid, and electrolyte needs.  
- Helps prevent fluid overload.  
- Supports renal function.  
- Helps manage nutritional deficiencies.  
- Provides balanced nutrition to support recovery.  
- Helps maintain a healthy body weight. |
| **Gastric Tolerance** |  
- Formulated to support patients with gastroparesis.  
- Designed to manage protein, fluid, and electrolyte needs.  
- Helps prevent fluid overload.  
- Supports gastric function.  
- Helps manage nutritional deficiencies.  
- Provides balanced nutrition to support recovery.  
- Helps maintain a healthy body weight. |
| **Pancreatic Tolerance** |  
- Formulated to support patients with pancreatitis.  
- Designed to manage protein, fluid, and electrolyte needs.  
- Helps prevent fluid overload.  
- Supports pancreatic function.  
- Helps manage nutritional deficiencies.  
- Provides balanced nutrition to support recovery.  
- Helps maintain a healthy body weight. |
| **Supportive Care** |  
- Formulated to support patients recovering from surgery or trauma.  
- Designed to manage protein, fluid, and electrolyte needs.  
- Helps prevent fluid overload.  
- Supports immune function.  
- Helps manage nutritional deficiencies.  
- Provides balanced nutrition to support recovery.  
- Helps maintain a healthy body weight. |
| **Growth Tolerance** |  
- Formulated to support patients undergoing growth stimulation.  
- Designed to manage protein, fluid, and electrolyte needs.  
- Helps prevent fluid overload.  
- Supports growth and development.  
- Helps manage nutritional deficiencies.  
- Provides balanced nutrition to support recovery.  
- Helps maintain a healthy body weight. |
| **Advanced Care** |  
- Designed for patients requiring enteral nutrition support in the hospital setting.  
- Provides balanced nutrition to support healing and recovery.  
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- Promotes gut health and reduces the risk of infection.  
- Assists in maintaining a healthy body weight.  
- Supports immune function.  
- Helps manage fluid and electrolyte balance. |
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