

JONES MEDICAL EQUIPMENT

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*****ALL PHYSICIANS SCRIPTING FOR MEDICARE AND MEDICAID MUST BE PECOS CERTIFIED AND ENROLLED WITH GAMMIS. INFORMATION WILL BE VERIFIED DURING THE INTAKE PROCESS AND DENIED, IF YOU'RE NOT ENROLLED*****

Enteral Pump and Supplies

Patient Name _____ DOB _____

Insurance _____ MBI # _____

Order Date _____ End Date _____

Treating Provider _____ NPI _____

Phone # _____ Fax # _____

Equipment Ordered (Circle/Check All that Apply)

* B9002 ENTERAL NUTRITION INFUSION PUMP WITH ALARM

* B4086 gastrostomy/jejunostomy tube

* B9004 PARENTERAL NUTRITION PUMP, PORTABLE

--Size _____ MM

* B9006 PARENTERAL NUTRITION INFUSION PUMP, STATIONARY

* B4087 gastro/jejuno tube, STD

* E0791 PARENTERAL INFUSION PUMP, STATIONARY, MULT. CHANNEL

--Size _____ MM

* E0776 IV POLE (TO HOLD PUMP)

* B4088 Low profile gastro/jejuno tube

* Ext. Set

--Size _____ MM

* B4035 ENTERAL FEED SUPPLY KIT, _____ PER DAY

* B4224 PARENTERAL NUTRITION ADMIN KIT, _____ PER DAY

* B9998 _____ SYRINGE(S) PER DAY

Nutrition Description _____ HCPC _____ Daily Caloric Intake _____

Administration Instructions: _____ ML per- feed _____ per hour _____ per hour _____ Times per day

Accessories to be used/ billed with quantity and instructions for use: _____

To be completed by provider (must be completed by the ordering M.D.)

Prognosis (circle) Fair Good Poor Length of Need _____ (99= lifetime)

Date of Order (RX) _____ Date of Office Visit _____

DX _____ ICD-10 Code _____

Indication- Circle yes or no for each. This documentation should be listed in your progress notes for this patient.

1. Does this patient have a permanent (at least 3 months) impairment due to:
 - a.) Non function/disease that normally permits food to reach the small bowel? Yes No
 - b.) A disease of the small bowel which impairs digestion and absorption of an oral diet? Yes No
2. Does the patient require tube feedings to maintain weight and strength commensurate with the patients overall health status? Yes No
3. Is adequate nutrition not possible through dietary adjustment and/or oral supplements? Yes No
4. Is the nutrition being provided via tube into the stomach or small intestine? Yes No
(the beneficiary DOES NOT qualify if they will be "drinking" the formula)
5. Has gravity feeding been ruled out due to any of the following:
 - a.) Reflux and/or aspiration? Yes No
 - b.) Administration rate is less than 100ML/HR? Yes No
 - c.) Severe diarrhea, blood glucose fluctuation, circulatory overload or dumping syndrome? Yes No
 - d.) Gastrostomy/ jejunostomy tube used for feeding? Yes No

PROVIDER SIGNATURE

DATE

Individually Owned and Operated