



Enteral Order Form Instructions

1. Please complete the Enteral Order Form with the following information to ensure timely processing of the patients' referral:
 - a. Patients name, DOB, current height, weight, and MRN
 - b. Diagnosis ICD-10 codes. Please be aware of the following when listing ICD-10 codes:
 - i. Codes with a combination of numbers and letters **after** the decimal point are generally not valid for our claims (e.g., T80.1XXA).
 - ii. Be aware of codes that are specific to certain age groups and only use them when appropriate for the patient's age (e.g., P92.6 "Failure to thrive in newborn" only applies to patients less than 28 days old).
 - iii. "Status" codes (e.g., Z93.1 "Gastrostomy Status") or "complications (sequela) from" or "history of" codes are generally invalid for our claims. These are usually codes beginning with the letter Z.
 - c. Formula needed (see the Enteral Formulary List of stocked formulas) along with the volume (liquid formulas listed in mL and powder formula listed in grams) or individual containers. Provide daily amounts.
 - d. Please select "All ancillary supplies to support formula administration" if supplies are needed.
 - e. List method of administration. For pump feeding, please select supporting reason and fax supporting documentation to justify the need for pump.
 - f. Feeding tube type (Oral, NG, PEG, GJ-tube, ND/NJ) When selecting a nasogastric tube or G-tube button, please include the size needed.
 - g. Signature and printed name of the prescribing physician along with address.
 - h. For patients using WIC, enter the formula name along with volume being provided with the estimated caloric needs for the day.
2. Once the form is completed, please fax to HomeMed Intake at (734) 975-3079 along with other documentation for patients' referral.
3. Should you have any questions please contact us at (800) 862-2731.

*Please note that our monthly supply order cycle is 28 days.