

# Total Parenteral Nutrition (TPN) At Home Referral Checklist

We will need the following information to process the referral:

- ☐ Demographics/insurance
- ☐ H&P
- ☐ TPN order
- ☐ Nutrition note(s) (initial assessment and any follow ups)
- ☐ Height and weight
- ☐ Line placement report (must show tip placement)
- ☐ Labs on day of discharging
- ☐ Current progress note(s)
- ☐ Discharge summary when available
- ☐ Confirmation of Following doctor
- ☐ Confirmation of who will provide nursing care at home.
- ☐ Confirmation of who will be managing TPN
- ☐ Barnes' order signed *(will be typed up with the final formula for the doctor to sign)*

\* All documentation will be reviews by the team as it is received. \*

## **For Medicare patients we will need the additional information to try and qualify:**

- ☐ Documentation showing/supporting altered GI function (dysmotility or malabsorption)
- ☐ Statement as to why patients can not have a G or J tube or enteral nutrition
- ☐ Statement on how long the patient will need TPN known as the Length of need (either in months or long and indefinite duration, minimum of 3 months to qualify)
- ☐ TPN formula meets Medicare guidelines, or we have documentation supporting why it's outside of guidelines
- ☐ Provider signing the Barnes' order will need to be PECOS registered and we need to have a note from the signing provider that it is within the last 30 days.

\* Once reviewed we will help with any additional documentation/statements that may be needed\*

Please feel free to send over Demographics and insurance information along with all therapies needed so can begin checking benefit while the other information is gathered.

Please let us know if you have any questions or concerns.

We look forward to working with you!

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