Clear Form

Minnesota Department of **Human Services**

DHS-3971-ENG 8-11

Minnesota Health Care Programs (MHCP)

Enteral/Nutritional Authorization Form

ASSIGNED NUMBER FROM MN–ITS

Use this form in addition to the MN–ITS Authorization Request transaction or the Authorization Form (DHS-4695) to request authorization for enteral/nutritional products. Fax this form with any additional or required documentation to the medical review agent.

Enteral/nutritional products require authorization after a one-time, 30-day supply. MHCP does not cover food thickeners (such as "Thick It").

Dispensing Provider: Complete the Recipient Information and Dispensing Provider Information portions of this form to request authorization. Fax to prescribing provider to complete and sign medical necessity information. After the prescribing provider returns the completed form to you:

- If using the MN–ITS medical supply authorization request, enter the assigned number in the upper right corner of this form and fax this form to the medical review agent
- If using the paper Medical Authorization request form, fax this form and the Medical Authorization form to the medical review agent

Recipient Information

LAST NAME	FIRST NAME	MI

MHCP RECIPIENT ID #	DATE OF BIRTH	HEIGHT	WEIGHT	TARGET WEIGHT
	__ __/__ __/__ __ __ __			

Dispensing Provider Information

DISPENSING PROVIDER NAME	DATE
	__ __/__ __/__ __ __ __

NPI	PHONE NUMBER	FAX NUMBER
	( )	( )

NUTRITIONAL PRODUCT (Required)

HCPCS CODE	CALORIES PER CAN	UNITS PER CAN	☐ LIQUID ☐ POWDER

Prescribing Provider Information

Complete Prescribing Provider Information to document medical necessity of enteral/nutritional product and return completed, signed form to dispensing provider.

PRESCRIBING PROVIDER NAME		TITLE	
NPI		PHONE NUMBER ( )	FAX NUMBER ( )
DATE LAST SEEN BY PHYSICIAN __ __/__ __/__ __ __ __	DATE OF ORDER __ __/__ __/__ __ __ __	ESTIMATED DURATION OF ENTERAL THERAPY	
PRODUCT REQUESTED			
TYPE OF REQUEST I.E., INITIAL OR CONTINUING (list date enteral therapy began, or a change in prescription)			
DIAGNOSIS AND HOW IT RELATES TO THE NEED FOR ENTERAL/NUTRITIONAL THERAPY			
OTHER DIAGNOSES			
ROUTE OF ADMINISTRATION			
TOTAL CALORIES NEEDED PER DAY	TOTAL CALORIES FROM OTHER INGESTED FOODS AND LIQUIDS	TOTAL CALORIES FROM ENTERAL PRODUCTS	
LIST ALL FOODS THE RECIPIENT IS ABLE TO CONSUME			
LIST ALL FOODS THE RECIPIENT HAS TRIED BUT CANNOT CONSUME			
ANY OTHER INFORMATION (for example, allergy testing plan to decrease dependence on supplement, nutritional plan to increase protein)			
PRESCRIBING PROVIDER SIGNATURE			DATE