Documentation Required

- **Prescription Requirements**
  - Start date
  - Patient name
  - Provider name
  - Detailed description of item(s) prescribed
  - Calories per day, which must be consistent with the medical record notes
  - ICD-10 code(s)
  - Length of need
  - Provider signature with credentials
  - Provider signature date (in addition to start date of prescription)

- **Medicaid recipients**
  - Medicaid Certificate of Medical Necessity (CMN) – may replace prescription
  - Medical record notes specifying medical necessity:
    - Sufficient caloric or protein intake is not obtainable through regular, liquefied or pureed food
    - Primary diagnosis should accompany any secondary diagnosis (Dysphagia is secondary to another condition. Both should be documented).

- **Medical record notes must specify**
  - Permanent impairment which is defined as > 3 months
  - Sole source of nutrition (not prescribed as a supplement)
  - Method of administration (i.e., pump, syringe or gravity)
    - If pump fed, there must be documentation in the beneficiary's medical record to justify its use (i.e., gravity feeding is not satisfactory due to reflux and/or aspiration, severe diarrhea, dumping syndrome, administration rate less than 100ml/hr, blood glucose fluctuations, circulatory overload, gastrostomy/jejunostomy tube used for feeding)
  - Documentation must specify one of the following
    - Permanent non-function or disease of the structures that normally permit food to reach the small bowel; or
    - Disease of the small bowel which impairs digestion and absorption of an oral diet
  - Must require tube feedings to maintain weight and strength commensurate with the beneficiary's overall health status. Adequate nutrition must not be possible by dietary adjustment and/or oral supplements.
    - Requirement of > 2000 calories per day, or under 750 calories per day require additional justification.