



Enteral Nutrition and Feeding Pump

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.