



## Tube Fed Enteral Nutrition & Feeding Pump

### Documentation Requirements

#### Medicare/Tricare/Commercial

- ★ Enteral Nutrition Prescription
- ★ Medical records (see below for criteria)

#### Medicaid

- ★ Medicaid Enteral Certificate of Medical Necessity
- ★ Medical records (see below for criteria)

### Medical Record Requirements

- ★ Face to face visit with treating practitioner documenting patient's primary condition requiring enteral nutrition, as well as any secondary conditions (dysphagia, etc.).
  - For Medicaid, this visit must take place within 6 months of the order for new services and the patient must be assessed annually for continued need.
  - Additional notes from other clinicians can be used to support medical necessity (dietician notes, etc.) but cannot take the place of the treating practitioner's face to face visit.
- ★ Medical records must support:
  - 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)
  - Patient has a permanent impairment - this does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. Treating practitioner documents that the impairment will be of long and indefinite duration.
  - Documentation of a permanent non-function or disease of the structures that normally permit food to reach the small bowel OR a 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.
  - If a patient is receiving a specialty formula (glucose formula, peptide formula, etc.) the medical record must support why the specialty formula is needed. A diagnosis alone is not valid.
    - This could include intolerance of standard formulas that were tried (Boost, Ensure, Jevity, etc.), a condition that rules out a standard formula (a diabetic patient that needs a glucose control formula, etc.). The records must thoroughly document the medical reasoning for why the patient cannot use a standard formula to meet their nutritional needs.