Oral Enteral Nutrition Safety Documentation

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Documentation Requirements

Medicare and most commercial insurances are non-covered.

Tricare – specific to plan, type of oral enteral. Generally, non-covered outside of pediatrics/infants.

- Enteral Nutrition Prescription and medical records supporting the need. Will require an authorization.

Medicaid

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

Medical Record Requirements – Medicaid

- Face-to-face visit with treating practitioner documenting patient's primary condition requiring enteral nutrition. This visit must take place within 6 months of the order for new services, and the patient must be assessed annually for continued need.
    - If a patient has seen a dietitian, a copy of those notes will be needed for the authorization request.
- Medical records must support that the patient has a disease or condition that impairs the ability to ingest or absorb sufficient calories/nutrients or restricts calories/nutrients. These could include, but are not limited to:
    - Nutrient malabsorption and/or malnutrition due to:
        - Ulcerative colitis
        - Significant gastrointestinal dysmotility
        - Inflammatory bowel disease (IBS)
        - Cystic fibrosis
        - Chronic pancreatitis
        - Advanced liver disease
        - End-stage renal disease (ESRD)
        - Abdominal masses
    - Inborn errors of metabolism, such as phenylketonuria (PKU) and urea cycle deficits, require specific nutritional compositions to manage metabolic processes effectively.
    - Infant formula intolerance, which requires the use of alternative formulas.
    - Prematurity, where infants may require formulas with higher calorie and mineral content tailored to their gestational age, birth weight, and post-natal age to support optimal growth and development.
- Medical records must also support that the patient's nutritional needs cannot be met by dietary adjustment through regular, liquidized, or pureed foods; standard commercial formulas or food products; or supplementation with commercially available products.

Not covered, per Medicaid

- Patient has no clinical indicators of a disease or condition causing the inability to absorb sufficient calories/nutrients through regular, liquified, or pureed foods.
- Oral nutrition to be used as part of a weight loss program.
- Patient has food allergies, lactose intolerance, oral aversion, and/or dental problems, but can meet their needs through an alternative food source or dietary adjustment.
- Oral nutrition needed to accommodate psychological or behavioral conditions, food preferences, allergies, loss of appetite, or noncompliance with a specialized diet.
- Requested for ease of use by the patient or a care provider in the absence of a medical condition.
- Requested to supplement a patient's diet when they cannot afford or do not have access to adequate food resources.