Tube-Fed Enteral Nutrition Safety Documentation

Fax: 602-428-6841
Phone: 480-795-7955
Orders@MyTritonSupply.com

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, 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 that 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 achieved by dietary adjustment and/or oral supplements.
    - Requirements 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.), or 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.