

Addendum to Letters of Medical Necessity

Sample Documentation Checklist for Enteral Nutrition (EN) Reimbursement

The following checklist provides information that may be necessary to include in documentation to justify the need for enteral nutrition (tube feeding).

	Complete prior authorization form, certificate of medical necessity, or other application for payment.
	Provide pertinent diagnosis.
	Physician's prescription required. Not all payers accept non-physician orders.
	Document that tube feeding/tube feeding formula are used under supervision of physician, RD/RDN, PA, NP, etc.
	Provide information regarding the patient's other conditions, symptoms and indications requiring enteral intervention, as applicable in a given case. Examples might include: <ul style="list-style-type: none"> • Nausea, Vomiting, Diarrhea • Current Height/Weight (provide growth chart for a child) • BMI • Recent changes in weight (indicate percent change over specific period of time) • Pertinent lab values • Results of any diagnostic testing • Inability to chew, swallow adequate amounts of regular foods
	Document failure to consume adequate amounts (as a % of estimated energy needs) of regular or altered consistency foods on a regular basis. <ul style="list-style-type: none"> • Not possible by dietary adjustment; nutritional needs cannot be met by Modification of Diet Alone. • Therapeutic need must be documented (vs convenience).
	If available, document failure on a standard formula or document why a standard was considered but was contraindicated, if the request is for a specialized product.
	Identify requested duration of coverage. Permanent (long-term) feeding vs. temporary feeding
	Identify enrollment in any special program that will monitor progress/outcome.
	Include justification for therapy by attending physician and other clinicians.
	Include any pertinent references supporting enteral therapy for the specific diagnosis, conditions, or symptoms present.
	Identify alternatives and potential outcomes if therapy were denied and client did not receive adequate nutrition enterally. Example might include: <ul style="list-style-type: none"> • Potential for continued weight loss, stunted growth for a child, complications of malnutrition including hospitalization or readmission. • Parenteral nutrition is more costly and more clinically invasive than enteral therapy.
	Dispensed and billed by a home medical provider.
	Allergy to ingredients in other feedings
	Must meet all applicable regulations for a tube feeding (>90 days = permanence, nothing by mouth, placement of a feeding tube, etc...)
	Statement of recognition and definition/description of HCPCS code.

This checklist should not be interpreted as a guarantee of reimbursement or as endorsed by Medicare, Medicaid or any Insurance Carrier. This checklist provides examples of data that may be pertinent in seeking enteral coverage for a beneficiary. However, because coverage criteria are subject to frequent change and interpretation, billing entities should contact their third-party payers for specific information on their coding, coverage and payment policies. The actual documentation used to support a given claim must be true in all respects and accurately represent the individual beneficiary's condition and circumstances. Nestlé HealthCare Nutrition, Inc. assumes no responsibility for the documentation submitted to support any claim, and shall have no liability relating to or resulting from use of this publication. The person or entity submitting claims for reimbursement is solely responsible for ensuring appropriate filing and accurate content of all claims and supporting documentation submitted. Persons who submit false or fraudulent claims for reimbursement are subject to significant civil and criminal penalties.

If needed, copy and paste any of the following additional information for inclusion with Letters of Medical Necessity to address potential authorization requirements:



Volume of feeding:

Sole source feeding 100%	
>80% nutritional needs	
>50% nutritional needs	

Role of feeding:

Tube feeding placed under endoscopy: yes/no	
Nasogastric/orogastric	
Oral nutrition	
Sole source of nutrition verses partial source of nutrition (>50% needs or >12 kcal/kg)	

Patient requires complete and consistent vitamin and mineral profile unable to be achieved through home blended diet:

Yes	No

Diagnosis and documented ICD-10 (comorbidities, including malnutrition, if applicable)

List ICD-10 codes: _____

Medical necessity documented in medical chart or EHR (date in EHR) _____.

Confirm that information in EHR documentation is included LMN.

Documentation that standard formula was attempted:

Yes	No	Date

Failure on standard B4150/B4151 formula, intolerance to polymeric diet, intolerance semi-synthetic diet as demonstrated by:
Weight:

Specify BMI:	BMI <18.5	BMI <22	5% weight loss in past 6 months	10% weight loss

Intolerance:

	Yes	No		Yes	No
Diarrhea			Cow's Milk Protein Allergy		
Vomiting/Retching			Severe food allergies		
Malabsorption/Inability to absorb intact nutrients			Constipation/increased use of stool softeners		
Structural impairment of GI tract			Vegetarian		
Delayed gastric emptying			Other Intolerance (Specify):		

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Potential Challenges/Potential Solutions:

- **Documentation:**
 - The LMN alone is not enough justification of medical need.
 - Documentation must be in a permanent record, the hospital EHR, or the doctors' office notes.
- **Blenderized Foods**
 - Most policies do not cover home blenderized food and home blenderized tube feeding.
 - Must provide proof of complete tube feeding (commercially prepared and formulated to include protein, carbohydrates, fat, fiber, vitamins, and minerals to meet DRIs in a specific volume based on age), and that nutritional requirements will be met and feeding is medically necessary.
 - Commercial blended tube feeding is not covered when done for purposes of convenience, without medical necessity.
 - Statements must justify medical necessity.
- **GI impairment (children and adults)**
 - Specify malabsorption, GI obstruction, impaired GI function, and trial and failure on standard formula must be documented in EHR.
 - Or, a statement of why a trial is not possible must also be documented in EHR.
- **Renal Disease**
 - Specify chronic kidney disease (CKD) or acute kidney injury (AKI) requiring commercially-prepared metabolic feeding to meet nutritional needs documented in EHR.
- **Refer to Nestlé's Formula4Success™ (<https://www.nestle4success.com>)**
 - If pursuing a reversal of an enteral formula coverage denial.
- **Involve a Case Manager**
 - If assigned to the case.

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