PROVIDER COMPLIANCE TIPS FOR ENTERAL NUTRITION

UPDATES

- Replaced the earlier year’s data with 2019

INTRODUCTION

This publication is meant to educate providers on coverage and proper billing regarding enteral nutrition therapy.

provider types affected

Physicians and other practitioners who write prescriptions for enteral nutrition
BACKGROUND

The 2019 Medicare Fee-for-Service (FFS) improper payment rate for enteral nutrition is 31.4 percent, a projected improper payment amount of $45,023,581.

The prosthetic device benefit [Social Security Act § 1861(s)(8)] covers enteral nutrition. For a beneficiary’s enteral nutrition to be eligible for reimbursement, you must meet the reasonable and necessary requirements, based on Social Security Act § 1862(a)(1)(A) provisions and set out in the enteral nutrition local coverage determination (L33783).

REASON FOR DENIAL

For the 2019 reporting period, insufficient documentation accounted for 66.3 percent of improper payments for enteral nutrition. Other types of errors for enteral nutrition were no documentation (3.1 percent), medical necessity (0.7 percent), and other (26.0 percent).

TO PREVENT DENIALS

Medicare covers enteral nutrition for a beneficiary who:

- Has chronic illness or trauma, unsustained through oral feeding, and must rely on either enteral or parenteral nutritional therapy, depending upon the particular nature of their medical condition.
- Must have a permanently inoperative internal body organ or function thereof. Enteral and parenteral nutritional therapy are normally not covered under Part B in situations involving temporary impairments.

ENTERAL NUTRITION THERAPY

- Enteral nutrition is considered reasonable and necessary for a beneficiary with a functioning gastrointestinal tract who, due to pathology to, or non-function of, the structures that normally permit food to reach the digestive tract, cannot maintain weight and strength commensurate with his or her general condition. Enteral therapy may be given by nasogastric, jejunostomy, or gastostomy tubes and can be provided safely and effectively in the home by nonprofessional persons who have undergone special training.
- Part B coverage of enteral nutrition therapy for these and any other conditions must be approved on an individual, case-by-case basis. Each claim must have a physician’s written order or prescription and sufficient medical documentation (for example: hospital records, clinical findings from the attending physician) to permit an independent conclusion that the beneficiary’s condition meets the requirements of the prosthetic device benefit and that enteral nutrition therapy is reasonable and necessary.
- Medicare pays for no more than one month’s supply of enteral nutrients at any one time. If the claim involves a pump, it must be supported by sufficient medical documentation to show that the pump is reasonable and necessary; for example gravity feeding isn’t satisfactory due to aspiration, diarrhea, and dumping syndrome.
Keep the following coverage requirements in mind when submitting a claim to Medicare for enteral nutrition:

- The supplier must receive a Detailed Written Order (DWO) (if applicable) before you submit a claim. Medicare (or whoever) will deny your claim as not reasonable and necessary if the supplier bills for an item discussed in this policy without first receiving a completed DWO.

- An item and service is correctly coded when it meets all the coding guidelines listed in CMS Healthcare Common Procedure Coding System (HCPCS) guidelines. Medicare will deny claims as not reasonable and necessary and incorrectly coded that don’t meet coding guidelines.

- Proof of delivery (POD) is a Supplier Standard and Medicare requires DMEPOS suppliers to keep POD documentation in their files. POD documentation must be made available to the Medicare Administrative Contractor (MAC) upon request. Medicare will deny all services that don’t have the proper POD from the supplier as not reasonable and necessary.
## RESOURCES

Table 1: Enteral Nutrition Resources

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<td>(Data obtained from Claims Submitted: July 1, 2017 through June 30, 2018.)</td>
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Please Contact your MAC for any updates or changes to the Policy Article (PA) and the LCD regarding policy and general documentation requirements.

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