



PROVIDER COMPLIANCE TIPS FOR ENTERAL NUTRITION



PROVIDER TYPES AFFECTED

Physicians and other practitioners who write prescriptions for enteral nutrition

BACKGROUND

The 2018 Medicare Fee-For-Service improper payment rate for enteral nutrition is 40.2 percent, representing a projected improper payment amount of \$68.1 million.

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 2018 reporting period, insufficient documentation accounted for 66.3 percent of improper payments for enteral nutrition. Additional types of errors for enteral nutrition were no documentation (3.1 percent), medical necessity (0.5 percent), and other (29.9 percent).

TO PREVENT DENIALS

Medicare covers enteral nutrition for a beneficiary who:

- Cannot be sustained through oral feeding because of chronic illness or trauma; the beneficiary must rely on enteral nutritional therapy, depending upon the particular nature of his/her medical condition
- Has a permanently inoperative or malfunctioning internal body organ or function thereof, in order to meet coverage requirements of nutritional therapy as a Part B benefit as provided under the prosthetics benefit provision
 - Therefore, enteral nutritional therapy is 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 gastrostomy 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 contain 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 establish that the pump is reasonable and necessary; for example, gravity feeding is not satisfactory due to aspiration, diarrhea, dumping syndrome.

Keep the following coverage requirements in mind when submitting a claim to Medicare for enteral nutrition:

- A Detailed Written Order (DWO) (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

- An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.
- Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

RESOURCES

FOR MORE INFORMATION ABOUT...	RESOURCE
2018 Medicare Fee-for-Service Supplemental Improper Payment Data (Data obtained from Claims Submitted: July 1, 2016 through June 30, 2017.	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/2018MedicareFFSSupplementalImproper-PaymentData.pdf
National Coverage Determination (NCD) for Enteral and Parenteral Nutritional Therapy	https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=242&ncdver=1&DocID=180.2
Local Coverage Determination (LCD): Enteral Nutrition (L33783) (180.2)	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33783&ver=9&-Date&DocID=L33783&b-c=iAAAAAgAIAAAA%3d%253
Medicare Benefit Policy Manual, Chapter 15, Section 120	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

Medicare Learning Network® Content Disclaimer and Product Disclaimer

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).

