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Official Information Health Care
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Provider Compliance Tips for Enteral Nutrition Pumps

Provider Types Affected: Durable Medical Equipment (DME) Suppliers

Background

Enteral nutrition is covered under the Prosthetic Device benefit (Social Security Act § 1861(s)(8)). In order for a beneficiary's nutrition to be eligible for reimbursement, 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](#)), must be met. In addition, there are specific statutory payment policy requirements that must be met as discussed in the related Enteral Nutrition Policy Article ([A52493](#)).

The Office of Inspector General (OIG) reported in document [OEI-06-07-00090](#) that Medicare made potentially inappropriate payments for Enteral Nutrition Infusion Pumps. Some providers are supplying an Enteral Nutrition Infusion Pump when it may not be medically necessary per Medicare's "National Coverage Determination (NCD) Manual," Chapter 1, Part 3, [Section 180.2](#). The policy states that for an enteral nutrition pump to be covered, sufficient evidence must exist to support determination of the medical necessity for the pump. Medicare bases payment for the pump on the reasonable charge for the simplest model that meets the medical needs of the patient as established by medical documentation.

Reasons for Denials

Criteria for enteral nutrition must first be met in order to allow consideration for payment of an enteral nutrition infusion pump to include the following:

- The patient must have a permanent (ordinarily at least 3 months) non-function or disease of the structures that normally permit food to reach the small bowel or a disease of the small bowel which impairs digestion and absorption of an oral diet. Either condition must require tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the patient's overall health status.

- When the method of administration is via enteral infusion pump, there must be documentation in the medical record to justify the use (for example, gravity feeding is not satisfactory due to reflux and/or aspiration, severe diarrhea, dumping syndrome, administration rate less than 100 ml/hr, blood glucose fluctuations, circulatory overload, gastrostomy/jejunostomy tube used for feeding). If the medical necessity of the pump is not documented, the pump will be denied as not reasonable and necessary.
- The enteral nutrition must be infused 7 days per week. Documentation requirements include a detailed written order (DWO) for each item billed that must be signed and dated by the treating physician and a DME Information Form (DIF), which has been completed, signed, and dated by the supplier. Both of these must be kept on file by the supplier and made available upon request.
- A new Initial DIF for a pump is required when:
 - A formula billed with a different code, which has not been previously certified, is ordered
 - Enteral nutrition services involving use of a pump are resumed after they have not been required for 2 consecutive months or
 - A beneficiary receiving enteral nutrition by the syringe or gravity method is changed to administration using a pump
- A revised DIF for enteral nutrients is required when:
 - The number of calories per day is changed
 - The number of days per week administered is changed
 - The method of administration (syringe, gravity, pump) changes
 - The route of administration is changed from tube feedings to oral feedings (if billing for denial) or
 - The HCPCS code for the current nutrient changes

To Prevent Denials

- Document the reason enteral nutrition is required
- Document the reason gravity feeding is not appropriate
- Verify there is a DWO for the enteral nutrition and pump that is signed and dated by the treating physician, and available upon request
- Verify there is a DIF on file that is signed and dated by the supplier, and available upon request



Resources

Further information regarding enteral nutrition and infusion pumps is in the following:

For More Information About...	Resource
Office of Inspector General report OEI-03-02-00700	http://oig.hhs.gov/oei/reports/oei-03-02-00700.pdf
Office of Inspector General report OEI-06-07-00090	https://www.oig.hhs.gov/oei/reports/oei-06-07-00090.pdf
The “Medicare Benefit Policy Manual,” Chapter 15, Section 110, Durable Medical Equipment - General, and Section 120, Prosthetic Devices	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
The “Medicare Program Integrity Manual,” Chapter 5, Section 5.2.3, Detailed Written Orders, Section 5.3, Certificates of Medical Necessity (CMNs) and DME Information Forms (DIFs), Section 5.7, Documentation in the Patient’s Medical Record, Section 5.8, Supplier Documentation, and Section 5.9, Evidence of Medical Necessity	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf
The “National Coverage Determination Manual,” Chapter 1, Part 3, Section 180.2, Enteral and Parenteral Nutrition Therapy	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part3.pdf
The “Medicare Claims Processing Manual,” Chapter 30, Section 50.13.4, Supplier’s Right to Recover Resalable Items for Which Refund Has Been Made	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf
Enteral Nutrition - Policy Article effective October 2015 (A54293)	https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52493
LCD L33783	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33783
The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Non-Contract Supplier	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/DME-Noncontract-Factsheet-ICN900925.pdf
The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Enteral Nutrition	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/DME_Enteralfactsheet_ICN901005.pdf
Social Security Act § 1861	https://www.ssa.gov/OP_Home/ssact/title18/1861.htm
Social Security Act § 1862	https://www.ssa.gov/OP_Home/ssact/title18/1862.htm

Hyperlink Table

Embedded Hyperlink	Complete URL
L33783	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33783
A54293	https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52493
OIG Report OEI-06-07-00090	https://www.oig.hhs.gov/oei/reports/oei-06-07-00090.pdf
Section 180.2	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part3.pdf



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