



## Oral Enteral Nutrition

### Documentation Requirements

Medicare and most commercial insurances – non-covered

Tricare – specific to plan, type of oral enteral. Generally non-covered outside of pediatrics/infants.

- ★ Enteral Nutrition Prescription and medical records supporting need. Will require an authorization.

Medicaid

- ★ Medicaid Enteral Certificate of Medical Necessity
- ★ Medical records (see below for criteria)

### Medical Record Requirements - Medicaid

- ★ Face to face visit with treating practitioner documenting patient's primary condition requiring enteral nutrition. This visit must take place within 6 months of the order for new services, and the patient must be assessed annually for continued need.
  - If a patient has seen a dietitian, a copy of those notes will be needed for the authorization request.
- ★ Medical records must support the patient has a disease or condition that impairs the ability to ingest or absorb sufficient calories/nutrients or restricts calories/nutrients. These could include, but are not limited to:
  - Nutrient malabsorption and/or malnutrition due to:
    - Ulcerative colitis
    - Significant gastrointestinal dysmotility
    - Inflammatory bowel disease (IBS)
    - Cystic fibrosis
    - Chronic pancreatitis
    - Advanced liver disease
    - End stage renal disease (ESRD)
    - Abdominal masses
  - Inborn errors of metabolism such as phenylketonuria (PKU) and urea cycle deficits, where specific nutritional compositions are required to manage metabolic processes effectively.
  - Infant formula intolerance, which requires the use of alternative formulas
  - Prematurity, where infants may require formulas with higher calorie and mineral content tailored to their gestational age, birth weight, and post-natal age to support optimal growth and development.
- ★ Medical records must also support the patient's nutritional needs cannot be met by dietary adjustment through regular, liquified, or pureed foods; standard commercial formulas or food products; or supplementation with commercially available products.

### Not covered, per Medicaid

- Patient has no clinical indicators of a disease or condition causing the inability to absorb sufficient calories/nutrients through regular, liquified, or pureed foods.
- Oral nutrition to be used as part of a weight loss program.
- Patient has food allergies, lactose intolerance, oral aversion and/or dental problems, but can meet their needs through an alternative food source or dietary adjustment.
- Oral nutrition needed to accommodate psychological or behavioral conditions, food preferences, allergies, loss of appetite, or noncompliance with a specialized diet.
- Requested for ease of use by the patient or a care provider in the absence of a medical condition.
- Requested to supplement a patient's diet when they cannot afford or do not have access to adequate food resources.