

Prescription

- Patient's Name
- Date of Order
- General Description of item or nutrient to be administered
 - Must include specific formula name & method of administration
- Quantity to be Dispensed per 30-day refill e.g. items, cans, calories, ounces, or grams
- Physician Signature
- Physician Name Printed or NPI

For supplies, list each billable item separately: Pump, IV pole, Feeding Supply Kit, etc. (Kit includes feeding bags, syringes, gauze, tape, etc.). If supplies are not listed on Dispensing Order, a follow up order will be sent listing each supply individually for billing and authorization.

Enteral Medicare Criteria

For Medicare to cover the cost of tube feeding, all the following criteria must be met.

1. **Permanence:** Estimated length of need is a long and indefinite time.
2. **Functional Impairment:** Nutrition is prevented from reaching the gut (inability to swallow foods/liquids or blockage along the GI tract) **OR** Nutrition is prevented from being digested or absorbed due to disease (pancreatitis, Crohn's, etc.)
3. **Primary Source of Nutrition:** Majority of nutrient needs must be met via tube feeding.

Chart Notes

1. Reason tube feeding is required, **AND**
2. Details of the functional or digestive impairment, **AND**
3. Expected length of need for tube feeding (what is the longest period of time patient may require tube feeding).
4. If a patient is taking an oral diet, what is preventing them from meeting nutrient needs with diet alone.

Supportive Documents

1. Swallow study and corresponding speech therapy note showing severity of dysfunction.
2. Dietitian assessment that includes estimated protein and calorie needs, and details of po intake.
3. Pump Justification, if pump required.
 - a. Use of jejunostomy tube
 - b. Documented intolerance to bolus feeds (bloating, diarrhea, reflux, etc.)
 - c. Severe aspiration risk
 - d. High blood glucose fluctuations throughout the day
4. Specialty Formula Justification (peptide based, renal, or diabetic) if specialty formula required.
 - a. Documented intolerance of standard formula such as nausea, diarrhea, & vomiting.
 - b. Documented history of GI intolerance, maldigestion, or malabsorption.
 - c. Abnormal lab values (elevated K or P, or Glucose) while on a standard formula that improve when switched to a specialty formula.
 - d. Documented reasons why a standard formula cannot be trialed.

Disclaimer: This information was prepared as an educational tool and not intended to grant rights or impose obligation. This information is only intended to be a general summary and not intended to take place of written law or regulations.

Current as of December 2023

