

MEDICARE ENTERAL QUALIFICATION CHECKLIST

Core Coverage Criteria:

1. Will the patient require enteral therapy for a minimum of 3 months? Yes _____ No _____
2. Will the nutrients be administered via a feeding tube? Yes _____ No _____
3. Will the patient received between 20-35 cal/kg/day? Yes _____ No _____
4. Is adequate nutrition possible by dietary adjustment and/or oral supplements? Yes _____ No _____

AT LEAST ONE OF THE FOLLOWING CRITERIA MUST BE MET FOR COVERAGE

1. Does the pt. have a disease or anatomic defect of the of the alimentary tract that normally permits food to reach the small bowel? Such conditions may include:
 - a) anatomic obstructions such as head and neck cancers
 - b) reconstructive surgeryYes _____ No _____

OR

2. Does the patient have a disease of the small bowel which impairs digestion and absorption of an oral diet? Such conditions may include:
 - a) motility disorders such as dysphagia following a stroke
 - b) gastroparesisYes _____ No _____

OR

3. Does the patient has a partial impairment which requires prolonged infusion of enteral nutrients to maintain nutritional status? Such conditions may include:
 - a) dysphagia that allows the patient to swallow small amounts of food
 - b) absorption disorders such as Crohn's disease.Yes _____ No _____

ADDITIONAL REQUIREMENTS:

- If the patient requires a pump for administration of enteral therapy there must be documentation from the physician to justify pump use i.e., complications experienced with syringe or gravity feeding administration.
- Medicare classifies enteral nutrition based on the composition and source of ingredients in each enteral nutrient product. There are 6 categories of enteral nutrition that have been defined by Medicare. Many of the categories require a justification letter from the physician substantiating medical necessity.