



Enteral Nutrition: Access and Coverage

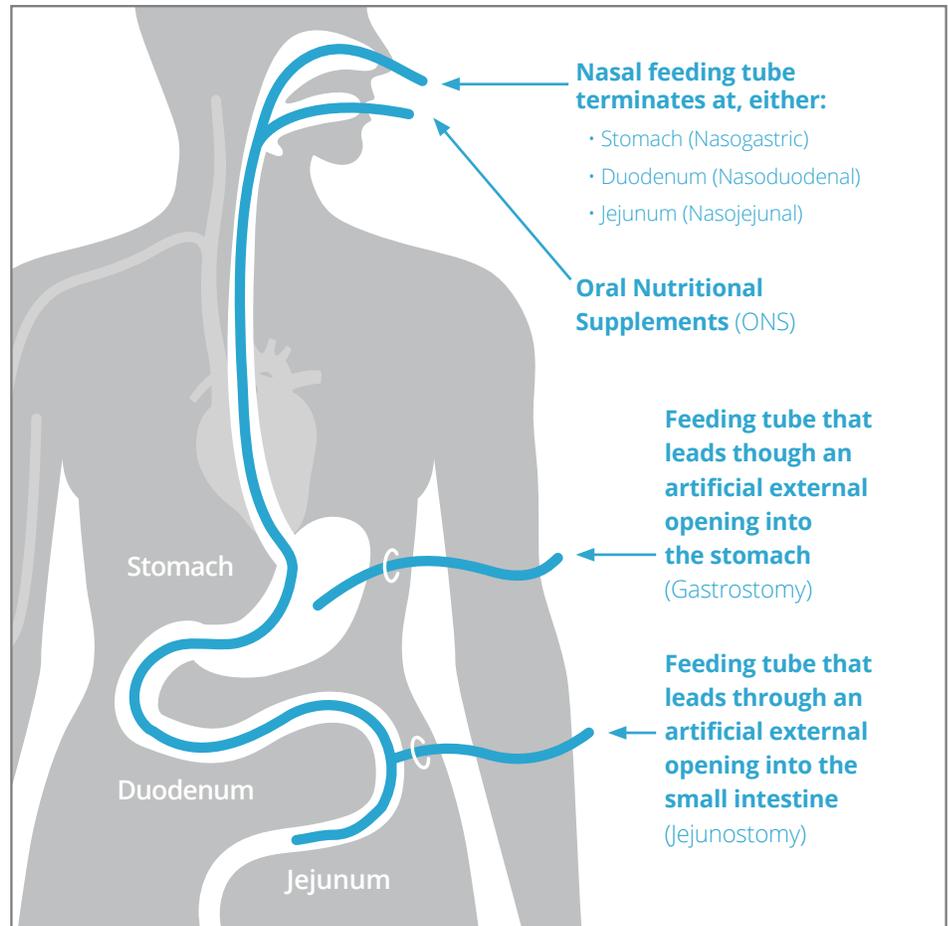
Specialized nutrition is either taken by mouth and/or given via a feeding tube.

Specialized Nutrition

- The term, enteral, refers to nutrition administered via the gastrointestinal tract. It may be administered orally or via tube feeding. Further, enteral nutrition (EN) may be defined as, “A system of providing nutrition directly into the gastrointestinal tract via a tube, catheter, or stoma that bypasses the oral cavity.”
- Enteral products, administered both orally and via a feeding tube, are often medically necessary as a sole or complementary source of nutrition in order to maintain health, quality of life, prevent malnutrition, and address specific nutritional needs of people in various disease states.

Varying Coverage Policies

- Medicare covers EN (when administered via a feeding tube) under the Medicare Part B prosthetic device benefit for beneficiaries at home or in a skilled nursing facility and for nursing facilities when the stay is not covered by Medicare Part A. Under Medicare Part B, EN is eligible for coverage when there is a permanent impairment that requires feeding via tube. Typical examples provided by the Centers for Medicare and Medicaid Services (CMS) are head and neck cancer with reconstructive surgery and central nervous system disease leading to problems with severe ingestion that the beneficiaries cannot be maintained with oral feeding.



- Orally administered enteral supplements are not covered under Medicare Part B, but may be covered under some state Medicaid programs and some commercial insurance programs.
- However, because some Medicaid and commercial payers use Medicare coverage policy to set their own coverage policies (Medicare only covers EN as a prosthetic benefit), this can limit access to enteral products that are not required as a result of permanent impairment or administered orally.
- Enteral coverage policies vary across payers and plans leading to additional complexity. The uncertainty and complexity of a beneficiary's coverage

can negatively impact access to necessary nutrition products. To help solve for this, HNC advocates for a simplified, uniform claims adjudication for enteral products to improve patient access.

Limited Reimbursement Rates

- EN (administered via a feeding tube) and related supplies is a product category of the CMS Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) competitive bidding program. Medicare's competitive bidding fee schedules may influence other payers' reimbursement rates.
- Recent reports from both private and public institutions have shown that Medicare's Part B competitive bidding fee schedules and governance, often the status quo for reimbursement of home medical equipment (HME), can jeopardize access to care in the home.

Access Challenges

- Patients may have a difficult time finding providers to supply the enteral products they need, due to coverage and reimbursement issues.
- Enteral products, administered both orally and via a feeding tube, are accessible and often provided in inpatient settings and are covered under the overall daily hospital reimbursement rate. However, access to enteral products can become especially limited when patients leave hospitals or healthcare centers. For example, EN may be self-administered in the patient's home or by a nonprofessional (who has had specialized training), but the EN and nonprofessional service provider may not be covered.
- Like other specialized products, claims for enteral products under all health insurance plans must be approved on an individual, case-by-case basis.

Documentation of medical necessity by the ordering physician is essential to secure coverage. Coverage guidelines differ from plan to plan. As a result, there can be challenges to patients in securing coverage and receiving the nutrition therapies they need. In many cases, denials of coverage result from a non-transparent and complicated claims adjudication system.

Why Protect Access to Enteral Nutrition?

- Providing appropriate enteral products to critically ill hospitalized patients can significantly improve patient survival, improve outcomes, reduce length of hospital stay, and reduce total costs of care.
- Providing enteral products to patients in the community can reduce hospitalizations and help meet their nutrition needs to prevent malnutrition.

References

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