PART-B MEDICARE COVERAGE OF ENTERAL PATIENTS; Guidelines for setting up and maintaining tube-fed patients using the current revised Medicare policies.

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2011 Medicare Regulations Tighten;

- MEDICARE has been directed to reduce pay-outs by $500B. Medicare has made it clear to all DME suppliers that enteral patients must now meet stringent requirements in order to be eligible for coverage.

- “Documentation must be provided that supports the patient having a permanent non-function or disease of the structures that normally permit food to reach the stomach and small bowel.” Medicare strongly recommends that we affirm this condition.

- Documentation for patients with a severe primary dementia who have stopped eating, may be challenging. In prior years, a patient who was unable to take sufficient nutrition by mouth, in order to maintain weight, or to sustain life, would be covered. Based on recent Medicare audits coverage for patients with a primary dementia have been denied as “not deemed medically necessary“.
Medicare Part-B and B-MED, INC.
Prosthetic Devices may be covered.

- **Medicare Part-B** is a program of MEDICARE and is federally funded. Under certain circumstances, the program will provide reimbursement for “**prosthetic devices**”.

- A prosthetic device replaces a non-functioning body part/organ. The enteral feeding along with the plastics/pump etc. may be considered as a prosthetic device when deemed medically necessary.

- B-MED is a privately held corporation and is fully ACHC certified as a DME **(Durable Medical Equipment)** provider; We are also “a covered entity” as defined by HIPAA regulations.
Items **required** to set up a patient

B-MED’s FAX #1-800-628-0662

- **SUPPLIES** cannot be sent, and the patient cannot be officially set up until all of the following items are submitted to B-MED via fax. It is recommended that you follow-up your fax with a phone call to confirm receipt.

- **COPY OF ADMISSION SHEET** containing the Medicare Number; DOB; MD/FNP/PA information & Responsible Party contact information.

- **THE TUBE FEEDING ORDER** must specify: the exact name of the nutrient; the method; amount/rate and schedule of administration. The order must be legible and contain all required elements before supplies will be shipped. **Conditional orders are not acceptable**; for example, “May increase Isosource 1.5 TF to 70cc/hr if tolerated.”

- **ORAL INTAKE;** The patient must be unable to take anything by mouth and you must be prepared to document this. NPO orders alone are not sufficient.

- **B-MED’s Customer Service Representative** [800-758-1060] will be able to provide you with further guidance, as needed. You may be asked to provide copies of H&Ps or Admission/Discharge notes. Your Medical Records Department should be aware that B-MED may need access to any, and all documents in the current, or previous, medical records. B-MED is a “covered entity” per HIPAA regulations.
Conditions under which Patients may not be eligible for coverage:

- At present, Medicare has not extended coverage to patients whose inability to eat stems primarily from cognitive deficits.
- Patients who are tube-fed nocturnally and receive PO intake during the day are not covered.
- Patients who are tube-fed based on a percentage of meal intake are non-covered.
- Patients who are receiving “end-care” are non-covered.
- Patients who have anorexia (such as ESRD patients) or other psychogenic feeding disorders are excluded as well.
B-MED is able to provide either Nestle or Abbott enteral products depending on the facility policy and/or contractual arrangements. B-MED has access to a broad range of products to meet the needs of our patients.

- Feedings and other supplies sent for one patient cannot be used for another.
- We will be glad to offer guidance in cross-referencing enteral formulas, in case a change is desired however, our advice is not intended to interfere with the patient’s relationship with the physician/PA/FNP/RD.
- Always consult your Registered Dietitian and obtain a physician’s order before making any changes in tube feeding orders.
Enteral Therapy using specialty nutritionals will require justification:

- Most patients will do well on a Category 1 or Category 2 (basic) formula. If a specialty formulation is used (Renal; Diabetic or Pulmonary-specific formulas, for example), Medicare strongly suggests that a basic formula be tried first and the results documented. Documentation should show why the basic nutrient is not sufficient or is not tolerated.

- It’s possible for a patient to qualify for enteral feedings and yet not be covered for the specialty nutrient. In cases where the procedure below is not followed, Medicare may reject the claims outright. They may revisit a claim on a post-payment audit and then require payments to be returned. In these cases, the entire claim is denied and the cost of all supplies may be billed back to the facility.
What else determines eligibility for B-MED’s enteral services?

- The patient must:
  - Be enrolled in the Medicare Part-B program;
  - Have an impaired swallowing mechanism demonstrated by objective testing. Notes such as “Patient can’t eat enough to sustain life” is no longer considered as a “stand-alone” reason for coverage under Part-B. Additional documentation is required which shows that the swallowing mechanism is impaired/non-functional.
  - Have diagnoses specific to the swallowing problem; (dysphagia, aphagia, aspiration etc.). As previously noted, the diagnosis of “dysphagia” must be backed up by swallowing studies such as FEES or M.B.S.
Can a Med-A patient be covered? What about Hospice or Tricare-for-Life?

- Part-B is not billable while the patient is covered under Medicare Part-A [i.e. facility receives a per diem rate].
- Part-B coverage might be permitted even if the Patient is covered by some other insurance plans including Hospice and Tricare as long as Medicare is not a secondary payer.
- Please consult with your facility bookkeeper to determine whether the Patient is enrolled with some alternative payer and provide B-MED with copies of all insurance cards.
- B-MED is required to establish that the patient is covered under Medicare Part-B before any billing can take place.
What if you’re unsure if the patient is eligible for B-MED services?

- B-MED is here to help to make that decision based on our almost 25 years of experience.
- It is best to allow us to screen any tube-dependent patient at the time of admission, especially if they are MED-A covered and receiving speech therapy.
- If the patient is potentially coverable we will guide you towards that goal within Medicare’s guidelines.
- B-MED’s goal is to provide coverage to all patients who qualify.
We strive to provide coverage to all patients who qualify, however….

- The Medicare Program is administered by the **Centers for Medicare and Medicaid Services (CMS)** which provides strict oversight, including audits/reviews.
- B-MED complies with the guidelines set forth by CMS and strives to adapt to all changes as quickly as possible.
- B-MED strives to maintain a high integrity rating with CMS and within our industry. We follow regulations even when the ultimate decision may not be popular. Practices which promote fraud, waste and abuse are not tolerated.
Supplies which may be covered under MEDICARE PART-B:

- Enteral nutritionals (various brands)
- Pump sets (for continuous administration)
- Enteral feeding pumps
- Gravity sets (order should specify “slow drip”)
- G-tubes and syringe kits (orders to read “bolus”)
- Pump or Gravity Administration Kits
WARNING: Changes for current patients must be relayed ASAP

- Changes in patient usage must be reported to B-MED as soon as they occur by faxing the order.
- Supplies will be sent and billing adjusted in “real-time” only. No supplies can be billed retroactively.
- Delays in notifying B-MED about changes will create extra expense for the facility.
- Tube feeding orders must be specific and definitive. Medicare will not accept orders with conditions. Ex: “Give Fibersource HN at 30cc/hr and, if tolerated, increase by 5cc until a rate of 60cc/hr is attained.”
- Under Medicare regulations supplies sent for a specific patient may be used ONLY for that patient.
B-MED’s Professional Consultants & CSR’s will work with you as a team:

- Consultants will be available for e-mail/telephone consultations and will visit your facility as required. Most issues are easily addressed by e-mail/phone.
- B-MED staff will help to identify patients that might be coverable under Medicare guidelines.
- We’ll provide your staff with professional, knowledgeable and competent services in order to help ensure quality patient care.
- B-MED’s staff regularly attend workshops and complete continuing education courses.
Thank You: Please feel free to contact us with any questions:

- **1-800-758-1060 Voice**: 1-800-628-0662 Fax

**B-MED’S CUSTOMER SERVICE REPRESENTATIVES**

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