

Some people with ALS (PALS) may benefit from enteral nutrition (EN). EN may be initially started to supplement oral intake. As the disease progresses, PALS may later become fully dependent on EN to meet nutrition needs. Most insurances cover the cost of EN and durable medical equipment (DME) services.

Some patients may have two different insurance policies. It is key to know which policy is primary and which is secondary as they may have separate coverage criteria. A secondary policy may cover costs not covered under the primary policy (for example, deductible, coinsurance, copayments) but only up to its own allowable amounts. This handout reviews the differences between insurance companies and provides tips for obtaining EN coverage for PALS.

Insurance Company Type	Company Summary and EN Coverage Guidelines
<p>Commercial payers</p>	<ul style="list-style-type: none"> • Most coverage is through employer purchased policies; levels of coverage vary. • Most insurance policies offer coverage for DME services. However, some DME companies may not partner with certain commercial payers.
<p>Medicaid</p>	<ul style="list-style-type: none"> • Medicaid is a joint federal and state funded program providing medical coverage to low-income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI). • Rules and payments vary by state. • Most Medicaid cover EN and DME services.
<p>Medicare</p>	<ul style="list-style-type: none"> • Federally funded program providing medical coverage to those who are <ul style="list-style-type: none"> • Age 65+ or • Under age 65 with permanent disability, end-stage renal disease (ESRD) or ALS. • EN is covered under Medicare Part B (optional program), which covers 80% of charges. <ul style="list-style-type: none"> • Supplemental insurance: will cover additional 20%, but only for services covered by Medicare. • Secondary insurance: will cover additional 20%; may also cover services not covered by Medicare. • Does not reimburse for nutrition support management (e.g. dietitian consult). • 1984 National Coverage Determination criteria retired 1/1/22. EN coverage must now meet Local Coverage Determination criteria, which are more flexible. • Does not cover electrolyte-containing fluids or additives/modulars such as fiber or protein supplements.

Documentation Tips for EN Coverage

- Insurance coverage is based on the physician's note. Therefore, the dietitian should guide the physician in the correct verbiage to help procure EN coverage.
- Document:
 - Oral intake (% usual, e.g. 50% or 75% usual intake)
 - Weight history/loss (% usual = $[\text{UBW-current BW}]/\text{UBW} \times 100$)
 - BMI
 - Dysphagia
 - Physical signs of malnutrition (i.e., muscle and/or subcutaneous fat loss).
- Include test of permanence, e.g. the need for long and indefinite EN (per the judgment of the "treating practitioner").
- Particularly for Medicare, documentation of medical necessity for pump is required (i.e. J-tube feeds, aspiration, severe diarrhea, blood glucose fluctuations, etc). Bolus and gravity bag methods do not require additional justification.
- Medical necessity for special enteral formulas must be justified in the medical record. For Medicare, it is no longer required for a patient to fail a trial of standard products.
- Objective tests/evidence (e.g. swallow study) may be completed but are not required.
- With Medicare, "supplemental" EN is not covered. Therefore, it is prudent to avoid the term "supplemental". Documentation should instead describe how EN is needed "to provide sufficient nutrients to maintain weight and strength commensurate with the beneficiary's overall health status" (CMS coverage verbiage).
 - Include examples of how weight loss continued despite diet modifications, e.g. changing diet texture and adding high calorie oral nutrition supplements.

Example Documentation Verbiage

- "Patient requires enteral nutrition to maintain weight and strength commensurate with his overall health status. The patient's dysphagia and disease-related hypermetabolism with corresponding fatigue have resulted in prolonged mealtimes (>__ minutes/meal) and a __lb (__%) weight loss over __ months despite diet modification with high calorie foods and oral nutrition supplements. Patient requires enteral nutrition for greater than 90 days. At this time, I am recommending __ (EN product), __ containers/day (providing __kcal, __ gm protein, __mL free water)."
- Continue note with the following verbiage depending on full/supplemental EN:
 - Full EN: "Enteral nutrition will be the patient's sole source of nutrition and hydration, and oral diet will be for pleasure only.
 - Supplemental EN: "As ALS is a progressive disease and the patient's dysphagia will worsen over time, I will monitor the patient's oral intake and weight closely with the plan to increase enteral nutrition provision accordingly. Diet texture per SLP."