



**MaineCare Services**  
 An Office of the  
 Department of Health and Human Services

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## **Provider Instructions for requesting Enteral and Parenteral Nutrition Therapy**

**Policy: Chapter II, Section 60 (Durable Medical Equipment Supplies/Repair)**

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

**Fax or mail request, please do not do both.**

To request this item, please fill out the Durable Medical Equipment Prior Authorization form (MA56) which can be downloaded at: [http://www.maine.gov/dhhs/bms/providerfiles/pa\\_inst\\_sheets\\_forms.html](http://www.maine.gov/dhhs/bms/providerfiles/pa_inst_sheets_forms.html) **or** Enteral Nutrition Certificate of Medical Necessity (if available) (<http://www.dmerc.com/manual/forms/cmn1002b.pdf>)

**Please allow up to 30 calendar days from the date the request is received in the Prior Authorization Unit to review and make a decision.**

**Documentation required from the Durable Medical Equipment provider:**

- Completed** MA56 (Prior Authorization form for requesting DME Supplies/Equipment) **or** Enteral Nutrition Certificate of Medical Necessity.
- Signed, dated doctor's orders, less than one year old.
- Documented clinical criteria from prescribing physician/Primary Care Provider (PCP), see below.
- Manufacturer's invoice is needed for each procedure code listed, showing the dealer's adjusted acquisition cost. Invoice must match the itemized parts list on the Prior Authorization form pricing and description fields. Invoice must breakdown the acquisition cost **per unit**. Some codes/units are described in calories. Invoice information must contain all information needed to calculate pricing per unit.

**PA criteria To Approve Request (Refer to Appendix in Section 60 for more details)**

**Physician or Primary Care Provider (PCP) must document the following clinical criteria:**

**The member must be diagnosed with a trauma, a chronic illness, an inoperable or non-functioning internal organ and can sustain life only through Enteral or Parenteral feeding.**

**Parenteral feeding:**

- Is considered reasonable and necessary for when members have severe pathology of the alimentary tract involving nutrient malabsorption. For example, massive bowel resection which results in severe nutritional deficiency despite adequate oral intake.

- Request must contain sufficient documentation of medical necessity to support the therapeutic benefits of the treatment.
- Nutrient solutions are covered month-by-month.
- Pre-mixed solutions can be covered with a physician's statement describing the reason the member is unable to mix solutions and there is no other responsible person available to assist.

**Enteral feeding:**

- Is considered reasonable and necessary when the member is diagnosed with a diseased but functioning gastrointestinal tract or diseased, non-functioning surrounding tissue, causing inability to maintain body weight and strength. For example, head and neck cancer with reconstructive surgery; CNS diseases that interfere with the digestive process, including swallowing.
- Request must contain sufficient documentation of medical necessity to support the therapeutic benefits of the treatment.
- If an infusion pump is requested there must be sufficient evidence to support medical necessity. For example, gravity feeding is not satisfactory due to aspiration, diarrhea, or Dumping Syndrome.
- Nutrient solutions are covered month-by-month.

**Request will be Deferred (need additional information) when:**

- There is insufficient documentation of the clinical criteria listed above and medical necessity cannot be established by the Department.
- Invoice or Prior Authorization form or Certificate of Medical Necessity was not submitted.

**Request will be Denied when:**

- Member does not meet policy criteria.
- Requested/Deferred information is not received within 30 days.
- Device model is a type used only in a clinical setting and is not suitable for use in the home.