

A retrospective review of home enteral nutrition referrals and denials of coverage: implications for access to care and negative clinical outcomes



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Background

Insurance coverage or lack of coverage for home enteral nutrition (HEN) therapy is not a new issue. However, in recent years, the number of insurance companies that do not cover HEN despite medical necessity is increasing. Commercial insurance coverage varies widely among national payers. Policies often exclude coverage for enteral formula but will cover supplies to administer therapy. If formula coverage exists, specialized formulas are usually excluded and are not covered even with prior authorizations or letters of medical necessity. Lack of HEN coverage can impact patients financially, psychosocially and clinically.

Methods

Registered dietitians (RDs) from a national home infusion organization reviewed 314 HEN referrals received from July 2022 to July 2023. Excluded referrals included letter of agreement (LOA) cases with hospitals or hospice agencies and capitated payers. The remaining 261 referrals were reviewed for HEN coverage. Initial benefit verification process was examined to identify if valid and billable EN Healthcare Common Procedure Coding System (HCPCS) codes were checked. Due to the variation and complexity of HEN policies among payers, further review of billing claims was conducted to identify denials and reason for denials.

Results

Claim reviews of 261 patients show 19.54% of referrals had at least 1 form of denial for HEN. Reasons for non-coverage varied, but plans commonly excluded formula yet covered administration supplies. Chart 1 summarizes the denial reasons. Of those denials, 1 payer had the highest percentage of coverage denials at 59% (Chart 2). Denials of HEN coverage in this population included complicated plan guidelines, inadequate documentation by ordering physician, formula availability over the counter without a prescription, and/or medical necessity not met. Many patients were not aware they lacked full HEN coverage until after the feeding tube was placed or during the discharge planning process. This lack of communication prior to feeding tube placement led to patient fears; both financial and emotional. Several referrals were cancelled due to the lack of coverage, which left patients with few resources once discharged home.

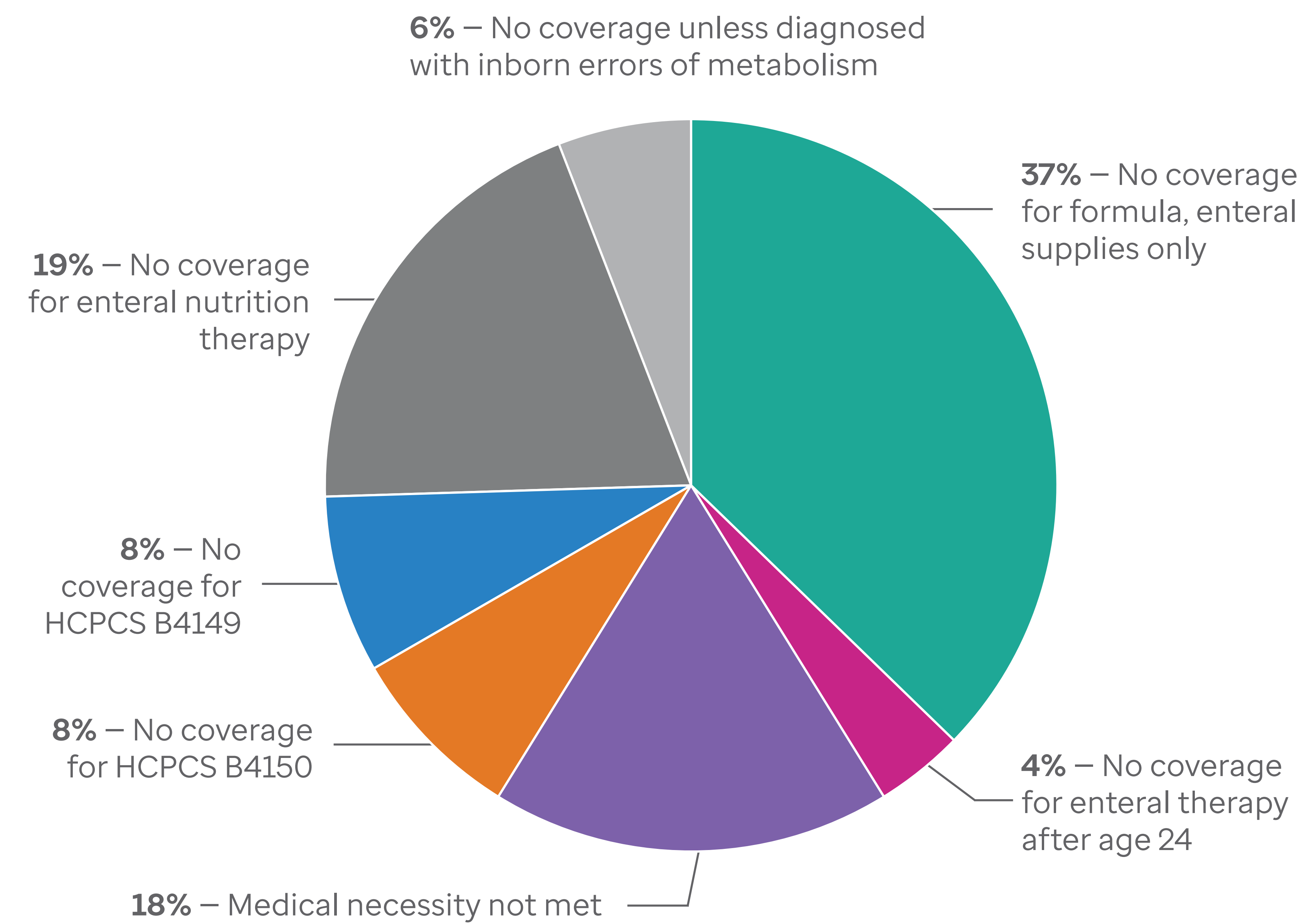


Chart 1. Denial reasons

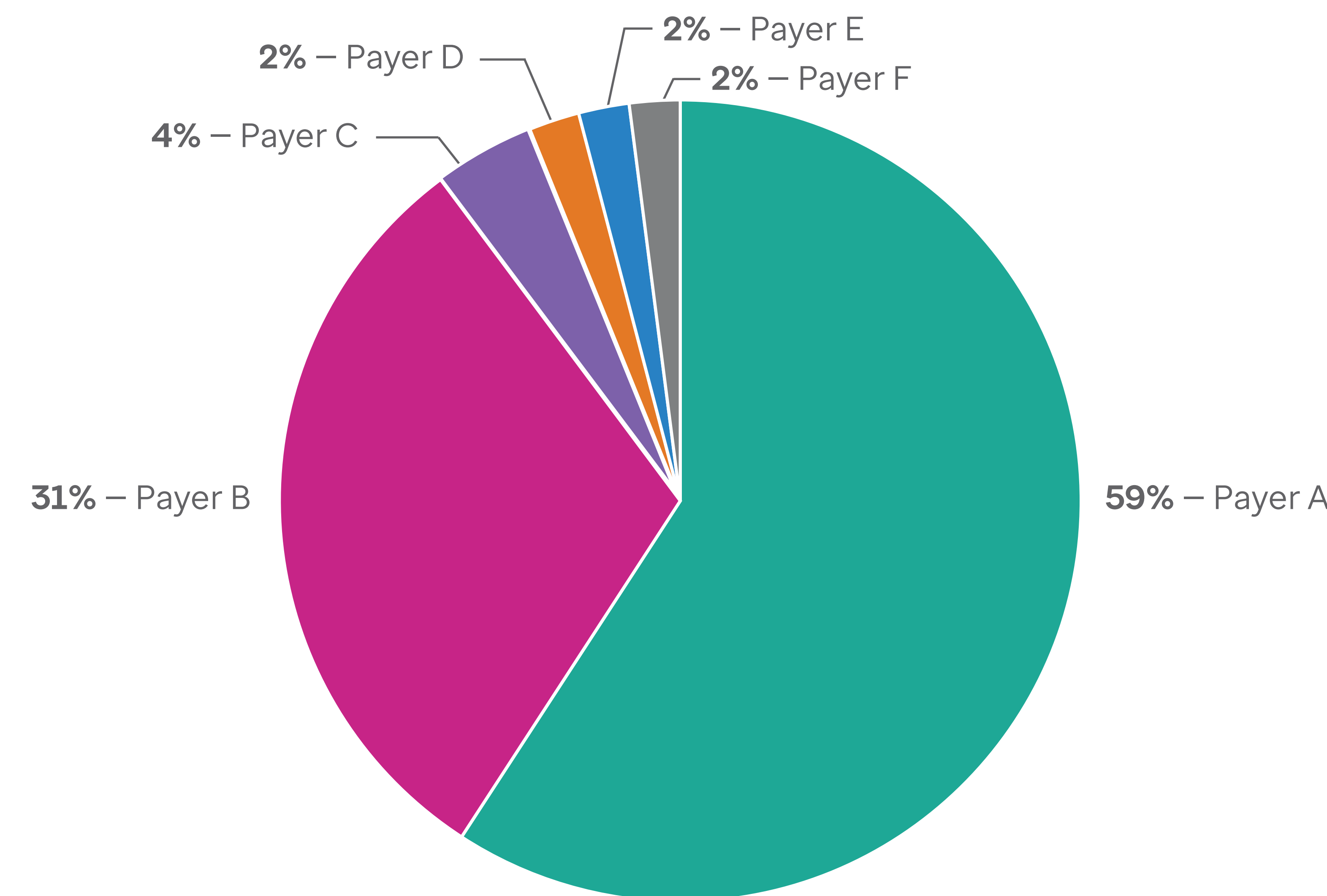


Chart 2. National payers with most enteral exclusions

Conclusion

Many infusion providers have RDs on staff who communicate with the health care team, patients and caregivers. They assist with payer requirements, documentation for medical necessity, and formula or administration education. For patients without formula coverage, RDs can direct patients and caregivers to the HEN exchange or financial assistance programs. Unfortunately, infusion providers are having to assess if providing HEN and supporting resources is a sustainable line of service. This is due to the rise in denials, supply cost, and decrease in reimbursement and coverage. Lack of coverage for HEN limits patient access to life sustaining nutritional therapy and may result in increased:

- Morbidity and mortality
- Malnutrition
- Complications
- Hospital readmissions
- Health disparities

The lack of access to adequate nutrition and an experienced HEN team to ensure optimal patient care can also lead to poor outcomes. A recent Mayo Clinic study demonstrated HEN complication rates exceeding 50% despite having a multidisciplinary team.¹ Further research is needed to better understand the impact of HEN coverage gaps on access to care, added cost to the health care system and clinical outcomes.

