

Infusion Pump/Enteral/Parenteral/External

An external infusion pump (stationary or ambulatory) is necessary for the administration of certain medications or nutritional solutions requiring controlled flow rates for specific time periods.

An infusion pump will be covered when one of the following criteria are met and documentation described below is submitted:

Medications:

The prescriber has determined that the infusion of the drug is appropriate for at least one of the following reasons:

- a. Infusion is more effective than oral or injectable form.
- b. Medication is not available in an oral formulation.
- c. Medication cannot be tolerated orally.

Parenteral Nutrition Therapies:

- a. The beneficiary has a medical condition that prohibits adequate oral intake of nutrients and otherwise meets RI Medicaid requirements for parenteral nutrition therapy.

Enteral Nutrition Therapy:

- a. The beneficiary has a functioning gastrointestinal tract but with inability to ingest or tolerate oral intake.

Note: Above services are not covered if experimental, investigational or part of a clinical trial.

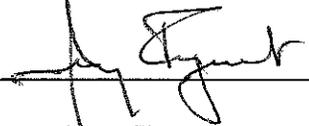
Coverage and Payment Policy:

Prior Authorization is required.

An infusion pump and related enteral or parenteral products/supplies will be covered as medically necessary when:

1. Upon documentation of the appropriateness of the therapy and of the prescribed pump for the beneficiary. A prescribing provider's prescription and supporting documentation to show medical necessity must be included in the documentation submitted.

2. Documentation that the beneficiary is capable of managing the infusion process or that a caregiver will be available to manage the process.
3. Documentation that the beneficiary is clinically stable and does not require hospitalization.

Approved by:  Associate Medical Director
Jerry Fingerut, MD

Date: 10 February 2015

Reviewed: _____

Revised: _____