



# SNF A FOR G-TUBE MANAGEMENT HEALTH PLAN GUIDELINE

## Guideline Information

Scope	Medicare Advantage Plan-ISNP, DSNP & IESNP	Effective Date	3/5/2025
Department	Clinical-Utilization Management	Revision Date	
Owner	Koby Mitchell, MSN, RN	Version	1.0
Executive Sponsor	Clare Hays, MD, CMD	Status	Active
Exceptions to Scope	N/A		

## Guideline Statement

This guideline serves to standardize the authorization and approval process for gastrostomy tube (G-tube) feeding services in Skilled Nursing Facilities (SNF), ensuring compliance with regulatory standards and high-quality care for Simpra Advantage Plan members.

The guideline outlines the criteria and process for requesting and obtaining approval for Simpra members requiring G-tube feedings in a Skilled Nursing Facility (SNF) under the Part A benefit. This guideline ensures compliance with **Centers for Medicare & Medicaid Services (CMS) Chapter 8** regulations and evidence-based clinical practices.

## Rules

- Centers for Medicare & Medicaid Services (CMS). *Medicare Benefit Policy Manual, Chapter 8 - Coverage of Extended Care (SNF) Services*. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08.pdf>
- American Society for Parenteral and Enteral Nutrition (ASPEN) Guidelines for Enteral Nutrition Support in Adults. *Journal of Parenteral and Enteral Nutrition*, 2021.
- Centers for Disease Control and Prevention (CDC). *Enteral Nutrition and Infection Control Practices*. Available at: <https://www.cdc.gov/infectioncontrol/guidelines/index.html>

## Guidelines

### Eligibility Criteria for G-Tube Feeding Coverage

To qualify for coverage of skilled nursing services related to G-tube feeding, the member must meet the following criteria:

#### 1. Medical Necessity:

- The member has a functional or structural impairment preventing oral intake of sufficient nutrition and hydration.
- G-tube placement was deemed medically necessary and ordered by a licensed provider.

# SNF A FOR G-TUBE MANAGEMENT HEALTH PLAN GUIDELINE

- A skilled need exists for monitoring, administration, and management of enteral nutrition, which requires the expertise of nursing staff.
- 2. **Physician Orders:**
  - A physician must prescribe G-tube feeding and indicate the feeding regimen (formula type, frequency, volume, and method of administration).
  - Orders must include any medication administration via G-tube, if applicable.
- 3. **Skilled Nursing Services Requirement:**
  - SNF staff must demonstrate the need for skilled services, such as:
    - Monitoring for signs of intolerance (e.g., aspiration, diarrhea, or metabolic disturbances)
    - G-tube site care, infection prevention, and troubleshooting complications (e.g., tube dislodgement, blockage)
    - Adjustment of feeding protocols based on the member's clinical response
    - Education and training for the patient or caregiver regarding tube feeding and site care
- 4. **Compliance with CMS Guidelines:**
  - Per CMS **Medicare Benefit Policy Manual, Chapter 8, Section 30.6**, enteral nutrition is covered in a SNF setting when it is medically necessary and requires skilled nursing services (CMS, 2023).
  - CMS guidelines state that G-tube feedings providing at least **26% of a patient's daily caloric intake and at least 501 milliliters (mL) of fluid intake daily via the tube** are considered skilled nursing care. However, this criterion alone does not automatically qualify for **Medicare Part A** payment. There must also be a documented need for skilled nursing services beyond the enteral feeding itself, such as assessment and management of complications, medication administration via G-tube, or education and training for caregivers.

## Initial Authorization

- The health plan will approve a **minimum of 21 days** for the initial authorization period.
- Authorization must be requested within no less than two business days of starting Part A services.
- SNF must submit the following documentation with the request:
  - Physician order for G-tube feeding
  - Clinical summary including diagnosis and reason for enteral nutrition
  - Nutritional assessment
  - Skilled nursing care plan detailing monitoring, site care, and patient progress

## Extension Requests

- Per CMS Chapter 8, services delivered under Part A must be reasonable and necessary for the treatment of a patient's illness or injury, i.e., are consistent with the nature and severity of the individual's illness or injury, the individual's particular needs, and accepted standards of medical practice. The services must also be reasonable in terms of duration and quantity.
- Additional days beyond the initial 21-day approval may be requested.
- Extension requests must be submitted no less than 2 business days before the last covered day.



# SNF A FOR G-TUBE MANAGEMENT HEALTH PLAN GUIDELINE

- SNF must submit updated documentation demonstrating:
  - Continued medical necessity for G-tube feeding
  - Member’s progress with enteral nutrition and plan for transition (if applicable)
  - Any ongoing complications requiring skilled intervention
- Each extension request will be reviewed based on clinical need and CMS criteria.

### Denial and Reconsideration Process

- Once a member is stable with a feeding tube (tolerating well, no signs/symptoms of infection) Part A service is no longer reasonable in terms of duration.
- If a request does not meet medical necessity criteria, a denial letter will be issued.
- Providers may request a reconsideration of the decision by submitting additional medical justification and supporting documentation.

### Discharge Planning and Transition Considerations

- The SNF should assess and document whether the member requires ongoing enteral nutrition upon discharge from Part A services.
- If the member is transitioning to home care or custodial care at the SNF, education and training for caregivers must be documented.
- Coordination with home health services or durable medical equipment (DME) providers must be initiated before discharge.

### Document Approval

Date	Approver	Role	Approved
3/4/2025	Dr. Clare Hays, MD, CMD	Chief Medical Officer	Yes
3/5/2025	UMAC Approval	UM activity oversight	Yes

### Review & Revision History

Date	Revision Summary	Author	Approval Required?



# SNF A FOR G-TUBE MANAGEMENT HEALTH PLAN GUIDELINE
