Minimizing the Cost Burden: Finding Clinical Alternatives to Improve Patient Prescriptions in Home Tube Feeding

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Introduction

Patient insurance coverage for home enteral nutrition (HEN) should be evaluated early in the discharge planning process to maximize coverage and decrease patient cost burden. Insurance benefits vary based on the payer, resulting in differing coverage, reimbursement, and cost to the patient. When full insurance coverage is not possible, this can present a financial obstacle for a patient who requires HEN; therefore, a clinician with reimbursement acumen can play an important role. Offering lower-cost and still clinically appropriate alternative feeding regimens can foster patient compliance and ultimately improve clinical outcomes. To demonstrate how HEN therapy prescriptions can be optimized clinically and to maximize the patient’s insurance benefit, four unique patient examples with proposed clinical alternatives for plan of care are reviewed.

Case 1:

A 73-year-old female suffered a stroke resulting in dysphagia and received feeding tube placement in the hospital. The discharge order was for a standard 1.2 kcal/mL enteral formula delivered via enteral pump. Although the patient met the Medicare Part B coverage criteria, she incurred out-of-pocket costs as she had no secondary coverage. When the plan of care and feeding regimen was altered to a 1.5 kcal/mL formula using bolus feedings, the patient had a 48% decrease in cost as well as increased flexibility, as she no longer required use of the enteral pump.

Case 2:

A 64-year-old male with pancreatic cancer, who underwent a Whipple procedure and J-tube placement, was discharged on a peptide-based, 1.0-kcal/mL formula administered via pump. The patient’s primary insurance was a PPO plan that required him to pay a 40% share of the cost. With the revision of the regimen to provide a standard intact protein, 1.2-kcal/mL formula instead, the patient’s costs were reduced by 49%.

Case 3:

A 72-year-old female underwent a radical neck dissection and reconstruction. Her insurance was Medicare Part B with a supplemental plan in the secondary role. The patient did not meet Medicare Part B criteria, and as a result was 100% self-pay. Discharge orders included a peptide-based, 1.5-kcal/mL formula administered via gravity feeding bag. The regimen was revised to include a standard intact protein, 1.5-kcal/mL fiber-containing formula administered via a bolus (syringe) feeding method. Cost savings to the patient was 66% with the new regimen.

Case 4:

An 80-year-old male had malignant tongue cancer and COPD. His PPO covered the method of administration for HEN, but did not cover the formula. The discharge regimen provided a pulmonary formula administered via bolus feeding. The revised regimen was a 1.5 kcal/mL standard (non-pulmonary) formula via bolus feeding per consultation and approval from the hospital dietitian and physician. This new regimen provided a 49% cost savings to the patient.

Discussion

When considering a patient’s cost burden for HEN, identifying the patient’s insurance coverage is a first step in discharge. These case reviews demonstrate that when a patient’s home care team works collaboratively with the hospital or skilled nursing facility, home tube feeding recommendations can be incorporated into the plan of care that both meet the patient’s clinical needs and are financially feasible.