

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: PA.056.MH
Last Review Date: 05/09/2019
Effective Date: 07/01/2019

PA.056.MH – Parenteral Nutrition

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Parenteral Nutrition/Total Parental Nutrition (TPN)** medically necessary when both criteria #1 and #2 are met:

1. Absorption of nutrients is impaired due to a condition involving the small intestine and/or its exocrine glands
OR
There is a motility disorder that impairs the ability of nutrients to be transported through the gastro intestinal (GI) system.

AND

2. Any one of the following criteria is met:
 - The member has undergone massive small bowel resection leaving less than or equal to five feet of small bowel beyond the ligament of Treitz
OR
 - The member has a short bowel syndrome, or other intestinal malabsorptive disorder, where on an oral/enteral intake of 2.5-3 liters/day results in enteral losses which exceed 50% of the oral/enteral intake and the urine output is less than 1 liter/day
OR
 - The member has complete mechanical small bowel obstruction where surgery is not an option
OR
 - The member requires bowel rest and is receiving 20-35 cal/kg/day intravenously for treatment of symptomatic pancreatitis with/without pancreatic pseudocyst, severe exacerbation of regional enteritis, or a proximal enterocutaneous fistula where tube feeding distal to the fistula isn't possible
- OR
- All of the following criteria are met:
 - The member is severely malnourished (10% weight loss over 3 months or less and serum albumin less than or equal to 3.4 gm/dl)

PA.056.MH – Parenteral Nutrition

Policy Number: PA.056.MH

Last Review Date: 05/09/2019

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And

- There is documented evidence that a disease and clinical condition is present and modifying the nutrient composition of the enteral diet and use of pharmacologic means to treat the etiology has failed

And

- An enteric tube trial of nutrition was attempted and failed.

Intradialytic Parenteral Therapy (IDPN)

IDPN is considered medically necessary when both criteria # 1 and #2 are met:

1. The individual is on chronic hemodialysis or peritoneal dialysis

And

2. The individual's nutritional status cannot be adequately maintained on oral or enteral feedings/ supplements.

Limitations

1. TPN is not covered for members with a functioning gastrointestinal tract and the need is due to any of the following conditions:
 - Swallowing disorder
 - Temporary defect in gastric emptying such as a metabolic or electrolyte disorder
 - Psychological disorder impairing food intake such as depression
 - Metabolic disorder inducing anorexia, such as cancer
 - Physical disorder that impairs food intake, i.e., dyspnea from severe cardiac or pulmonary disease
 - Side effect of a medication
 - Renal failure and/or dialysis as a sole diagnosis
 - For routine pre- and/or postoperative care
 - When used to increase protein or caloric intake in addition to the member's daily diet.
2. The medical necessity for special parenteral formulas must be justified and documented for each member or it will be denied as not medically necessary.
3. The ordering physician must document the medical necessity for protein orders outside of the range of 0.8-1.5 gm/kg/day, dextrose concentration less than 10%, or lipid use greater than 1500 grams per month or it will be denied as not medically necessary.
4. The ordering physician is expected to see the member within 30 days prior to the initial certification or required recertification (but not revised certifications).
If the physician does not see the member within this timeframe, they must document the reason why and describe what other monitoring methods were used to evaluate the member's nutrition needs.

PA.056.MH – Parenteral Nutrition

Policy Number: PA.056.MH
Last Review Date: 05/09/2019
Effective Date: 07/01/2019

5. One pump (stationary or portable) will be covered at any one time. Additional pumps will be denied as not medically necessary.
6. One supply kit and one administration kit will be covered for each day that parenteral nutrition is administered.

Background

There are patients who, because of chronic illness or trauma, cannot be sustained through oral feeding. These people must rely on either enteral or parenteral nutritional therapy, depending upon the particular nature of their medical condition. Parenteral nutrition is the provision of nutritional requirements intravenously. Parenteral Nutrition Therapy Daily parenteral nutrition is considered reasonable and necessary for a patient with severe pathology of the alimentary tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the patient's general condition.

Variations

For Commercial Members in the State of Maryland

Coverage for amino acid-based elemental formula, regardless of delivery method, for the diagnosis and treatment of:

- (I) Immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food proteins;
- (II) Severe food protein induced Enterocolitis Syndrome;
- (III) Eosinophilic disorders, as evidenced by the results of a biopsy; and
- (IV) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract.

Provided that the ordering physician issues a written order that states the amino acid-based elemental formula is medically necessary for treatment of one of the above listed diseases or disorders.

Codes:

HCPCS codes covered if selection criteria are met (If Appropriate):	
Code	Description
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml=1 unit), home mix
B4168	Parenteral nutrition solution: amino acid, 3.5% (500 ml=1 unit), home mix

PA.056.MH – Parenteral Nutrition

Policy Number: PA.056.MH
 Last Review Date: 05/09/2019
 Effective Date: 07/01/2019

B4172	Parenteral nutrition solution: amino acid, 5.5% through 7% (500 ml= 1unit), home mix
B4176	Parenteral nutrition solution: amino acid, 7% through 8.5% (500 ml= 1unit), home mix
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml= 1unit), home mix
B4180	Parenteral nutrition solution: carbohydrates (dextrose) greater than 50%(500 ml= 1unit), home mix
B4189	Parental nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix
B4193	Parental nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix
B4197	Parental nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 g of protein, premix
B4199	Parental nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 g of protein, premix
B4216	Parenteral nutritional; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day
B4220	Parenteral nutrition supply kit; premix, per day
B4222	Parenteral nutrition supple kit; home mix, per day
B4224	Parenteral nutrition administration kit, per day
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal- Amirosyn RF, NephroAmine, RenAmine-premix
B5100	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic- FreAmine HBC, HepatAmine,- premix
B5200	Parental nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids- premix

References

PA.056.MH – Parenteral Nutrition

Policy Number: PA.056.MH

Last Review Date: 05/09/2019

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2. Centers for Medicare and Medicaid Services: Medicare National Coverage Determinations Manual, Chapter 1, (Sections 170-190.34) Coverage Determinations, Section 180.2, Rev. 173, 03/27/2015.
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3. Centers for Medicare and Medicaid Services: National Coverage Determination (180.2) for Enteral and Parenteral Nutrition, Effective July 11, 1984.
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Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable

PA.056.MH – Parenteral Nutrition

Policy Number: PA.056.MH
Last Review Date: 05/09/2019
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Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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