

PARENTERAL NUTRITIONAL THERAPY IN THE HOME**Effective Date: September 21, 2009**
Date of Origin: August 9, 2006**Review Dates: 8/06, 8/07, 8/08, 8/09**
Status: Current**Summary of Changes**

Clarifications:

-

Deletions:

- Pg 2, Section II, D, “Loss of the swallowing mechanism due to a central nervous system disorder, where the risk of aspiration is great” has been deleted.

Additions:

- Pg 1, Section I, DESCRIPTION – the method for determining caloric intake sufficient to maintain body weight and the amount of calories that may be considered supplemental has been changed.
- Pg 2, Section II, D, Chronic or severe acute pancreatitis, “when a feeding tube cannot be placed or tube feeding is not tolerated” has been added.
- Pg 2, Section II, D, “Hyperemesis Gravidarum (severe hyperemesis during pregnancy) when a feeding tube cannot be placed or tolerated” has been added.
- Pg 2, Section II, D, Obstruction secondary to stricture or neoplasm of the esophagus or stomach, “where a feeding tube cannot be placed beyond the obstruction” has been added.
- Pg 2, Section II, D, “Small bowel obstruction that cannot be bypassed by a feeding tube” has been added.

I. DESCRIPTION

Parenteral nutrition (or PN) is the provision of nutritional requirements intravenously, either through a central or peripheral vein. The purpose of initiating parenteral nutritional therapy is to prevent or correct specific nutrient deficiencies and to prevent the adverse effects of malnutrition when the gastrointestinal tract cannot be used effectively or safely.

Generally, the parenteral approach is considered medically necessary only if adequate nutritional intake is not possible via the oral or tube-feeding route.

A daily caloric intake for adults of 20-40kcal/kg is generally sufficient to maintain body weight. If less than 20-30kcal/kg per day it may be considered supplemental.

Parenteral nutritional therapy is covered as defined below for patients with severe pathology of the alimentary tract that does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the patient's general condition.



II. POLICY/CRITERIA

This policy does not apply to parenteral nutritional therapy in the inpatient setting.

- A. Home parenteral nutrition may be considered medically necessary and a covered benefit when the patient has a structural or functional gastrointestinal tract disease or condition (see E below for examples) resulting in insufficient absorption of nutrients to maintain adequate strength and weight that cannot be corrected by modifying the nutrient composition of the enteral/oral diet (e.g., lactose-free) or utilizing pharmacologic means to treat the etiology (e.g., pancreatic enzymes) AND meets one of the following:
1. > 10% loss of body weight over three-months or less,
- OR**
2. Serum albumin concentration less than 3.4 gm/dL.
- OR**
3. The clinical record demonstrates that the patient cannot be maintained on enteral feedings.
- B. Equipment - If the criteria for parenteral nutrition are met, medically necessary nutrients, administration supplies, and equipment are considered medically necessary.
- C. Preauthorization is required. Initial authorization will not exceed three months and continuing authorization is required at least every three months.
- D. Specific malabsorptive conditions include, but are not limited to, the following:
- Crohn's disease
 - Newborn infants with catastrophic gastrointestinal anomalies such as tracheoesophageal fistula, gastroschisis, omphalocele, or massive intestinal atresia
 - Infants and young children who fail to thrive due to short bowel syndrome, malabsorption, or chronic idiopathic diarrhea
 - Short bowel syndrome secondary to massive small bowel resection
 - Prolonged paralytic ileus after major surgery or multiple injuries
 - Radiation enteritis
 - Chronic or severe acute pancreatitis when a feeding tube cannot be placed or tube feeding is not tolerated
 - Hyperemesis Gravidarum (severe hyperemesis during pregnancy) when a feeding tube cannot be placed or tolerated.
 - Obstruction secondary to stricture or neoplasm of the esophagus or stomach, where a feeding tube cannot be placed beyond the obstruction
 - Small bowel obstruction that cannot be bypassed by a feeding tube



- Malabsorption due to enterocolic, enterovesical, or enterocutaneous fistulas (parenteral nutrition being temporary until the fistula is repaired)
 - Motility disorder (pseudo-obstruction)
- E. Home intravenous parenteral nutrition is considered not medically necessary and **not** a covered benefit, including but not limited to the following circumstances:
1. To increase protein or caloric intake in addition to the patient's daily diet
 2. For routine pre- and/or postoperative care
 3. Patients with functional GI tracts including but not limited to the following:
 - a. Disorders that induce anorexia including cancer
 - b. Swallowing disorders
 - c. A temporary defect in gastric emptying such as a metabolic or electrolyte disorder.
 - d. A psychological disorder impairing food intake such as depression or anorexia nervosa.
 - e. A physical disorder impairing food intake such as dyspnea of severe pulmonary or cardiac disease.
 - f. A side effect of a medication
 - g. Renal failure or dialysis.

III. MEDICAL NECESSITY REVIEW

Required

Not Required

Not Applicable

IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*



- ❖ **MEDICAID:** *For Medicaid members, this policy will apply.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

V. CODING

ICD9 Diagnosis Codes:

These Diagnoses may support medical necessity.

263.9	Unspecified Protein-Calorie Malnutrition
536.3	Gastroparesis
537.4	Fistula of stomach or duodenum
555.0	Regional enteritis of small intestine
555.1	Regional enteritis of large intestine
555.9	Regional Enteritis of Unspecified Site
560.9	Unspecified Intestinal Obstruction
560.81	Intestinal or peritoneal adhesions with obstruction (postoperative) (postinfection)
560.89	Intestinal or peritoneal adhesions with obstruction, other
560.9	Unspecified intestinal obstruction
565.1	Anal fistula
569.69	Other complication of colostomy or enterostomy
569.81	Fistula of intestine, excluding rectum and anus
569.83	Perforation of Intestine
569.9	Unspecified Disorder of Intestine
579.3	Other and Unspecified Postsurgical Nonabsorption
643.10	Hyperemesis gravidarum with metabolic disturbance, unspecified as to episode of care
643.11	Hyperemesis gravidarum with metabolic disturbance, delivered
643.13	Hyperemesis gravidarum with metabolic disturbance, antepartum
751.5	Other congenital anomalies of intestine
777.5	Necrotizing Enterocolitis in Fetus Or Newborn
998.6	Persistent postoperative fistula, not elsewhere classified

CPT/HCPCS Codes:

Presence of codes on this list does not guarantee coverage.

B4164	Parenteral Nutrition Solution: Carbohydrates (Dextrose), 50% or Less
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 MI = 1 Unit) - H
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7%, (500 MI =
B4176	Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5%, (500 MI =
B4178	Parenteral Nutrition Solution: Amino Acid, Greater Than 8.5% (500 MI =
B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than
B4185	Parenteral nutrition solution, per 10 grams lipids
B4189	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates
B4193	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates
B4197	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates
B4199	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates
B4216	Parenteral Nutrition; Additives (Vitamins, Trace Elements, Heparin, El
B4220	Parenteral Nutrition Supply Kit; Premix, Per Day
B4222	Parenteral Nutrition Supply Kit; Home Mix, Per Day
B4224	Parenteral Nutrition Administration Kit, Per Day



B5000	Parenteral Nutrition Solution: Compounded Amino Acid and Carbohydrate
B5100	Parenteral Nutrition Solution: Compounded Amino Acid and Carbohydrates
B5200	Parenteral Nutrition Solution: Compounded Amino Acid and Carbohydrate
B9004	Parenteral Nutrition Infusion Pump, Portable
B9006	Parenteral Nutrition Infusion Pump, Stationary
E0791	Parenteral infusion pump, stationary, single or multichannel
A4211	Supplies for self-administered injections
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9365	Home infusion therapy, total parenteral nutrition (TPN); 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)

VI. REFERENCES

1. "Nutritional Support", Aetna Clinical Policy Bulletin, February 2005. Available on the World Wide Web @ <http://www.aetna.com/cpb/data/CPBA0061.html> (Retrieved December 15, 2005)
2. "Parenteral Nutrition; Home and Intradialytic" Regence Blue Cross Group Medical Policy December 2003. Available on the World Wide Web @



- <http://www.regence.com/trgmedpol/alliedHealth/ah06.html> (Retrieved December 15, 2005)
3. “Home Total Parenteral Nutrition” Blue Cross Blue Shield of Massachusetts Medical Policy, May 2005. Available on the World Wide Web @ http://www.bluecrossma.com/common/en_US/medical_policies/fs296.htm (Retrieved December 15, 2005)
 4. “Enteral and Parenteral Nutrition Therapy”, Medicare National Coverage Decision. Available on the World Wide Web @ http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=180.2&ncd_version=1&basket=ncd%3A180%2E2%3A1%3AEnteral+and+Parenteral+Nutritional+Therapy (Retrieved December 15, 2005)
 5. AdminaStar Federal, Inc (Region B), Local coverage Determination (LCD #L5063), Parenteral Nutrition, CMS Pub. 100-3 (National Coverage Determinations Manual), chapter 1, section 180.2, Original determination effective date: 10/01/1993, Revision effective date 01/01/2007.

AMA CPT Copyright Statement:

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion...

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name “Priority Health” and the term “plan” mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.