MEDICAL POLICY
No. 91517-R4

PARENTERAL NUTRITIONAL THERAPY

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Note: This policy incorporates Intradialytic Parenteral Nutrition (IDPN) criteria formerly part of the End Stage Renal Disease (ESRD) & Home Hemodialysis Medical Policy #91526 now known as “End Stage Renal Disease (ESRD): Renal Dialysis”.

I. POLICY/Criteria

Parenteral nutritional therapy in the home:

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 D 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 or botulinum toxin*) AND meets one of the following:
   1. > 10% loss of body weight over three-months or less,
   OR
   2. Serum albumin concentration < 3.4 g/dl,
   OR
   3. The clinical record demonstrates that the patient cannot be maintained on enteral feedings.
   *Note: Botulinum toxin and TPN will not be authorized together for the treatment of gastroparesis.

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.

F. Intradialytic Parenteral Nutrition (IDPN)
   1. Intradialytic parenteral nutrition (IDPN) will be covered for ESRD* if member has a serum albumin < 3.4 g/dl or protein < 6 g/dl and one of the following:
      a. BMI < 18.5 kg/m2 or
      b. Unintentional weight loss > 10% within last 6 months or
      c. BMI < 20 kg/m2 and unintentional weight loss >5% within last 3-6 months
*clinical re-evaluation after six months for consideration of continued treatment
II. MEDICAL NECESSITY REVIEW

- [x] Required
- [ ] Not Required
- [ ] Not Applicable

III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- 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); if a coverage determination has not been adopted by CMS, this policy applies.
- MEDICAID/HEALTHY MICHIGAN PLAN: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945-42542-42543-42546-42551-159815--00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945-5100-87572--00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Parenteral Nutrition (PN)

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 above 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.

**Intradialytic Parenteral Nutrition (IDPN) for ESRD**

In use since the 1970s, intradialytic parenteral nutrition (IDPN) is a convenient method of administering nutritional supplements to patients undergoing hemodialysis for end-stage renal disease (ESRD). Malnutrition is common in patients with ESRD due to factors such as poor eating habits and loss of nutrients during dialysis. Maintaining adequate nutrition in patients undergoing hemodialysis is vital, as a number of nutritional parameters are associated with increased mortality, including low body fat, fat loss over time, low body mass index (BMI) (< 20 kg/m2), reduced serum albumin levels, and reduced creatinine levels. In the 1980s, a trend began in which decisions regarding the use of IDPN in the United States were empirically based, and, although this was controversial, IDPN gained approval through the Centers for Medicaid & Medicare Services as a Medicare-covered benefit. As IDPN use expanded, the increasing use and associated costs attracted scrutiny, due to the limited evidence base that supported IDPN use. Accordingly, in 1994, Medicare coverage of IDPN was tightened and then further restricted in 1996, which resulted in a decline in its use. Several manufacturers produce premixed bags for IDPN, or components of a formulation can be made up on site from previously prepared ingredients. IDPN formulas generally contain a mix of amino acids, carbohydrate (usually dextrose), and lipids. Trace elements and multivitamins may also be included. IDPN may be considered for hemodialysis patients who show physical wasting and significant weight loss; have serum hypoalbuminemia (low albumin) and/or other markers of malnutrition; have failed to respond to oral nutrition supplements; have failed, or are contraindicated, for enteral feeding; and whose caloric and/or protein intake is insufficient to meet recommended daily requirements. IDPN is given at the same time as hemodialysis by a dialysis nurse or other licensed healthcare practitioner, at an outpatient center. IDPN is infused through an existing dialysis access catheter or site, via an infusion pump; no additional needle stick or line is necessary.

The results of three comparative retrospective studies suggest that IDPN for up to 1 year in duration may reduce mortality in malnourished patients undergoing hemodialysis. In contrast, the results of the single prospective randomized study conducted in France, provide strong evidence that there is no reduction in mortality for 1 year of IDPN plus oral nutritional supplementation compared with oral nutritional supplementation alone. Despite the lack of strong
evidence, IDPN is an established therapy and it is possible that it offers potential advantages to a subset of malnourished patients in ESRD; however, prospective studies are needed to define these subpopulations.

V. CODING

ICD-10 Codes that may apply

E08.43 Diabetes mellitus due to underlying condition with diabetic autonomic (poly) neuropathy
E09.43 Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly) neuropathy
E10.43 Type 1 diabetes mellitus with diabetic autonomic (poly) neuropathy
E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly) neuropathy
E13.43 Other specified diabetes mellitus with diabetic autonomic (poly) neuropathy
E43.0 Unspecified severe protein-calorie malnutrition
E46 Unspecified protein-calorie malnutrition
E64.0 Sequelae of protein-calorie malnutrition
K31.6 Fistula of stomach and duodenum
K31.84 Gastroparesis
K31.89 Other diseases of stomach and duodenum
K50.00 - K50.919 Crohn's disease
K51.012 - K51.919 Ulcerative colitis
K56.0 Paralytic ileus
K56.2 Volvulus
K56.5 Intestinal adhesions [bands] with obstruction (postprocedural) (postinfection)
K56.60 Unspecified intestinal obstruction
K56.69 Other intestinal obstruction
K56.7 Ileus, unspecified
K60.3 Anal fistula
K60.4 Rectal fistula
K60.5 Anorectal fistula
K63.1 Perforation of intestine (nontraumatic)
K63.2 Fistula of intestine
K63.9 Disease of intestine, unspecified
K90.49 Malabsorption due to intolerance, not elsewhere classified
K90.89 Other intestinal malabsorption
K90.9 Intestinal malabsorption, unspecified
K91.2 Postsurgical malabsorption, not elsewhere classified
K91.850 Pouchitis
K91.858 Other complications of intestinal pouch
K92.9 Disease of digestive system, unspecified
K94.01 Colostomy hemorrhage
K94.09 Other complications of colostomy
K94.11 Enterostomy hemorrhage
K94.19 Other complications of enterostomy
O21.1 Hyperemesis gravidarum with metabolic disturbance
P77.1 – P77.9 Necrotizing enterocolitis in newborn
Q43.0 – Q43.9 Other congenital malformations of intestine
Q79.2 Exomphalos
Q79.3 Gastrochisis
T81.83xA - T81.83xS Persistent postprocedural fistula

CPT/HCPCS Codes:
Presence of codes on this list does not guarantee coverage.
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
B4172 Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix
B4176 Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix
B4178 Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit), home mix
B4180 Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix
B4185 Parenteral nutrition solution, per 10 grams lipids
B4189 Parenteral 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 Parenteral 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 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix
B4199 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix
B4216 Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day
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 carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirolsyn RF, NephraMine, 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 Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix
B9004 Parenteral Nutrition Infusion Pump, Portable
VI. REFERENCES


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.