Total Parenteral Nutrition (TPN) in the Home Setting

**State(s):**
- Idaho
- Montana
- Oregon
- Washington
- Other:

**LOB(s):**
- Commercial
- Medicare
- Medicaid

**Enterprise Policy**

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member’s policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member’s policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member’s policy, the Member’s policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

**Background**

Total Parenteral Nutrition (TPN) is the intravenous provision of a person’s complete nutritional requirements. TPN that is required for a short length of time is usually given through peripheral veins. Long-term TPN is often accomplished through a central venous catheter (e.g. Hickman, Broviac, PICC.) TPN is usually required in patients with a disease process that causes a temporary or permanent loss of absorption through the surface of the small intestine. TPN should only be an option for patients who cannot receive adequate nutritional intake via oral or enteral nutrition.

Parenteral nutrition can be provided safely and effectively in the patient's home by nonprofessional persons who have undergone special training. Parenteral nutrition is covered under the home infusion/home health benefit. Caregivers cannot be paid for their services.

If Medicare is primary and PacificSource is secondary, the secondary rules apply. No preauthorization is required. Payment is made after the Medicare EOB is received. If Medicare denies the claim, preauthorization is required and PacificSource coverage criteria must be met.

**Criteria**

**Commercial**

Clinical documentation must meet **ALL** of the following:

- Clear documentation of a clinically significant structural or functional gastrointestinal condition; **and**

- Nutritional status cannot be maintained by modifying nutrient composition of an oral or enteral diet due to a malabsorptive disorder** (e.g. lactose-free diet,) **OR** by using pharmacological means to treat the etiology of the malabsorption (e.g. pancreatic enzymes,) **OR** a trial of dietary
adjustments, oral intake, or tube feedings have demonstrated that that patient is unable to receive more than 50% of their daily caloric needs; and

- Failure of enteral nutrition is defined by a serum albumin less than 3.4 grams/dL OR, there is greater than 10% weight loss of ideal body weight over a three-month (or less) period.

- Pre-mixed solution requests must meet all of above and have a signed statement from the physician that establishes the member, due to his/her physical or mental state, is unable to safely or effectively mix the solution and there is no family member or other person who can do so.

**Notes:**

- Approved service range may be no longer than 60 days **per authorization**, up to six month maximum.
- Ongoing coverage requires submission of documentation that TPN is still required and that the patient is unable to receive adequate nutrition via oral or enteral sources
- Requests for greater than six months OR requests for lifetime TPN require Medical Director review.

** Conditions defining impaired intestinal absorption can include but are not limited to:**

- Crohn’s disease
- Hyperemesis gravidarum
- Short bowel syndrome secondary to short bowel resection
- Motility disorder
- Prolonged paralytic ileus following surgery or injury
- Structural or functional bowel disease that makes oral and enteral feedings inappropriate
- Small bowel obstruction when surgery is not an option
- Bowel rest is required for at least 3 months and oral or enteral nutrition are contraindicated
- Pharmaceuticals that cause inadequate digestion or bind or precipitate bile salts such as neomycin, cholestyramine and orlistat
- Pancreatic insufficiency
- Ulcerative colitis
- Whipple's disease
- Radiation enteritis
- Parenchymal or cholestatic liver disease

Home parenteral nutrition is not covered for patients with a functioning gastrointestinal tract who are in need of nutritional support due to:

- Poor appetite without gastrointestinal disease as the cause of malnutrition;
• A swallowing disorder;
• Food allergies or intolerances;
• Low calorie or protein intake with nutritional supplementation required; or
• Routine pre- or post-operative care

**Medicaid**

PacificSource Community Solutions follows Oregon Health Plan (OHP) Oregon Administrative Rules (OARs) Home Enteral/Parental and IV Services Administrative Rulebook 410-148-0000 to 0320 for coverage of Total Parenteral Nutrition (TPN) in the Home Setting.

**Medicare**

PacificSource Medicare follows National Coverage Determination 180.2 and Local Coverage Determination L33798 for Parenteral Nutritional Therapy.

**Coding Information**

B4164-B5200

B9004 Parenteral infusion pump, portable

B9006 Parenteral infusion pump, stationary

S9364-S9368

**References**


Appendix

Policy Number:

Effective: 8/1/2020  Next review: 8/1/2021

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): [Applicable Regulation(s)]

[External Entities Affected]