



## Total Parenteral Nutrition (TPN) in the Home Setting

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State(s):

Idaho  Montana  Oregon  Washington  Other:

LOB(s):

Commercial  Medicare  Medicaid

### Enterprise Policy

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*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

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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.

TPN can be administered safely and effectively in the patient's home by persons with specialized training. TPN is covered under the home infusion/home health benefit.

### Criteria

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#### Commercial

#### **Prior authorization is required.**

PacificSource considers Total Parenteral Nutrition (TPN) in the home setting medically necessary when **ALL** of the following criteria are met:

- A. Clear documentation of a clinically significant structural or functional gastrointestinal condition, which impairs intestinal absorption; and
- B. Nutritional status cannot be maintained by **one** of the following:
  1. Modified nutrient composition of an oral or enteral diet (e.g., lactose-free diet) due to a clinically significant structural or functional gastrointestinal condition; or
  2. Pharmacological trial of dietary adjustment to treat the etiology of the malabsorption (e.g., pancreatic enzymes).

C. Failure of enteral nutrition as evidenced by **one** of the following:

1. Patient unable to receive more than 50% of daily caloric needs from oral and/or enteral diet (e.g., tube feed); or
2. Serum albumin less than 3.4 grams/dL; or
3. More than 10% weight loss of body weight over a three-month (or less) period.

For pre-mixed solution requests, documentation must meet **ALL** criteria listed above **AND** include a signed statement from the physician that establishes the member is unable to safely or effectively mix the solution and there is no family member or other person (caregiver) who can do so.

Approved service range may be no longer than 60 days per prior authorization, up to six month maximum. Requests for more than six months or requests for lifetime TPN require Medical Director review.

## Medicaid

PacificSource Community Solutions follows Oregon Administrative Rules (OARs) 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 for Enteral and Parenteral Nutritional Therapy.

## Coding Information

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The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- B4164 Parenteral 50% Dextrose Solution.
- B4168 Parenteral Sol Amino Acid 3.
- B4172 Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix, Commercial PA Required review: Medical Necessity Medicaid PA Required Medicare PA Required
- B4176 Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix, Commercial PA Required, Medicaid and Medicare PA Required
- B4178 Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix: Commercial PA Required review: Medical Necessity, Medicaid PA Required, and Medicare PA Required
- B4180 Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix, Commercial PA Required review: Medical Necessity, Medicaid No PA Required Medicare PA Required
- B4185 Parenteral nutrition solution, not otherwise specified, 10 g lipids, Commercial PA Required review: Medical Necessity, Medicaid No PA Required Medicare PA Required

- B4187 Omegaven, 10 g lipids: all lines of No PA Required all lines of Business Reviewed by Pharmacy Services
- 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: Commercial PA Required Medicaid No PA Required Medicare PA Required
- 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: Commercial PA Required Medicaid and Medicare PA Required
- B4197 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein – premix: PA Required all Lines of Business
- B4199 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g of protein – premix: PA Required all lines of Business
- B4216 Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day: PA Required all lines of Business
- B4220 Parenteral nutrition supply kit; premix, per day: PA Required all lines of Business
- B4222 Parenteral nutrition supply kit; home mix, per day: PA Required all lines of Business
- B4224 Parenteral nutrition administration kit, per day: PA Required all lines of Business
- 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 PA Required all lines of Business
- B5100 Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatoAmine-premix: PA required all lines of Business
- B5200 Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix: PA Required all lines of Business
- B9004 Parenteral infusion pump, portable: Commercial PA Required Medicaid and Medicare No PA Required
- B9006 Parenteral infusion pump, stationary: Commercial PA Required Medicaid and Medicare No PA Required
- 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 (do not use with home infusion codes S9365-S9368 using daily volume scales) No PA Required all Lines of Business
- S9365 Home infusion therapy, total parenteral nutrition (TPN); one 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 No PA Required all Lines of Business

- S9366 Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two 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 No PA Required all Lines of Business
- S9367 Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three 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: No PA Required all Lines of Business
- S9368 Home infusion therapy, total parenteral nutrition (TPN); more than three 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 No PA Required all Lines of Business

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

## References

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## Appendix

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**Policy Number:**

**Effective:** 8/1/2020

**Next review:** 2/1/2022

**Policy type:** Enterprise

**Author(s):**

**Depts:** Health Services

**Applicable regulation(s):**

**Commercial Ops:** 11/2021

**Government Ops:** 11/2021