



Manual: IU Health Plans
Department: Utilization Management
Policy # MP063
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Health Plans

Medicare Advantage

X Commercial

Parenteral Nutrition Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Parenteral Nutrition

II. Scope

This policy applies to all IU Health Plans and Utilization Management staff having decision-making responsibilities where authorization is required for Fully Insured and Team Member commercial plans.

III. Exceptions

1. Total Parenteral Nutrition (TPN) is **NOT** covered for members with a functioning gastrointestinal tract and the need is due to any of the following conditions:
 - a. Swallowing disorder
 - b. Temporary defect in gastric emptying such as a metabolic or electrolyte disorder
 - c. Psychological disorder impairing food intake such as depression
 - d. Metabolic disorder inducing anorexia, such as cancer
 - e. Physical disorder that impairs food intake, i.e., dyspnea from severe cardiac or pulmonary disease
 - f. Side effect of a medication
 - g. Renal failure and/or dialysis as a sole diagnosis
 - h. For routine pre- and/or postoperative care
 - i. 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 request 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. One pump (stationary or portable) will be covered at any one time. Additional pumps will be denied as **not** medically necessary
5. 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 the timeframe, they must document the reason why and describe what other monitoring methods were used to evaluate the member's nutrition needs.

6. One supply kit and one administration kit will be covered for each day that parenteral nutrition is administered.

IV. Definitions

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.

V. Policy Statements

IU Health Plans considers Parenteral Nutrition medically necessary for the **ONE or more of the following** indications:

1. PARENTERAL NUTRITION/Total Parenteral Nutrition (TPN) is considered medically necessary when **ALL of the following** are met:
 - a. **ONE or more of the following** criteria are met:
 1. Absorption of nutrients is impaired due to a condition involving the small intestine and/or its exocrine glands
 2. There is a motility disorder that impairs the ability of nutrients to be transported through the gastrointestinal (GI) system.
 - b. **ONE or more of the following** criteria are met:
 1. The member has undergone massive small bowel resection leaving less than or equal to five feet of small bowel beyond the ligament of Treitz
 2. 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
 3. The member has a complete mechanical small bowel obstruction where surgery is not an option
 4. 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
 5. **All of the following** are met:
 - a. 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)
 - b. 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
 - c. An enteric tube trial of nutrition was attempted and failed.
2. Intradialytic Parenteral Therapy (IDPN) is considered medically necessary when **all of the following are met:**
 - a. The individual's nutritional status cannot be adequately maintained on oral or enteral feedings/ supplements.
 - b. The individual is on chronic hemodialysis or peritoneal dialysis

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
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
B4185	Parenteral Nutrition Solution, not otherwise specified, 10 Grams Lipids
B4187	Omegaven, 10 Grams Lipids
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
B9004	Parenteral Nutrition Infusion Pump, portable
B9006	Parenteral Nutrition Infusion Pump, Stationary
B9999	NOC for Parenteral Supplies
E0776	IV Pole

VI. References

1. American Society for Parenteral and Enteral Nutrition: Clinical Guidelines for the Use of Parenteral and Enteral Nutrition in Adult and Pediatric Patients, December 16, 2011. [Clinical Guidelines for the Use of Parenteral and Enteral Nutrition in Adult and Pediatric Patients - Druyan - 2012 - Journal of Parenteral and Enteral Nutrition - Wiley Online Library](#)
2. American Society for Parenteral and Enteral Nutrition. February 17, 2017. When is Parenteral nutrition Appropriate? [When Is Parenteral Nutrition Appropriate? - Worthington - 2017 - Journal of Parenteral and Enteral Nutrition - Wiley Online Library](#)
3. Baiu I, Spain DA. Parenteral Nutrition. *JAMA*. 2019;321(21):2142. doi:10.1001/jama.2019.4410 [Parenteral Nutrition - PubMed \(nih.gov\)](#)
4. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD). PARENTERAL NUTRITION L38953. Contractor: CGS Administrators, LLC. .Revision Effective Date 01/01/2024. Contractor: CGS Administrators, LLC. [LCD - Parenteral Nutrition \(L38953\) \(cms.gov\)](#)

VII. Forms/Appendices

None

VIII. Responsibility

Medical Director

This Policy is proprietary and confidential. No part of this Policy may be disclosed in any manner to a third party without the prior written consent of IU Health Plans, Inc.