MO HealthNet Pre-Certification

Medical Procedure Class:	**Total Parenteral Nutrition (TPN) and Intradialytic Parenteral Nutrition (IDPN)**
Implementation Date:	**10/15/2009**
Prepared for:	**MO HealthNet**
Prepared by:	**ACS-Heritage Information Systems, Inc.**

☒**New Criteria** ☐**Revision of Existing Criteria**

Executive Summary

Purpose:	To allow a more consistent and streamlined authorization process for Total Parenteral Nutrition (TPN) and Intradialytic Parenteral Nutrition (IDPN).

Why was this Issue Selected:	Senate Bill 577 passed by the 94th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
Procedures subject to Pre-Certification	B4164 Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) – homemix B4168 Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) – homemix B4172 Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) – homemix B4176 Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) – homemix B4178 Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) – homemix B4180 Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) – homemix B4185 Parenteral nutrition solution, per 10 gram lipids B4189 Parenteral nutrition solution; compounded amino acids and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51

		grams 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 grams 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) homemix 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 – amirosyn 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
	B9006	Parenteral nutrition infusion pump, stationary
	B9999	NOC for parenteral supplies

Setting & Population:	All MO HealthNet fee-for-service participants

Data Sources:	☒ **Medicare LCD**	☒ **MHN Policy**

Setting & Population

All MO HealthNet fee-for-service participants.

Approval Criteria

Intradialytic Parenteral Nutrition (IDPN) – patient must be undergoing hemodialysis, suffer from a permanently impaired (at least 3 months) gastrointestinal tract and have insufficient absorption of nutrients to maintain strength and weight. Record should document patient health cannot be maintained by oral or enteral feeding by altering the nutritional composition of an enteral diet and patient is unable to utilize pharmacologic means to treat the etiology of malabsorption requiring the patient to be intravenously infused with nutrients. Infusion must be vital to the nutritional stability of the patient and not supplemental to diet of deficiencies caused by dialysis.

Total Parenteral Nutrition (TPN) – patient must have a permanent impairment (at least 3 months) and have a condition involving the small intestine and/or its exocrine glands which significantly impairs the absorption of nutrients or have a motility disorder of the stomach and/or intestine which impairs the ability of nutrients to be transported through the GI system. The conditions are deemed to be severe enough that the patient would not be able to maintain weight and strength utilizing only oral intake or tube enteral nutrition. TPN is covered in any of the following situations:

A. The patient has undergone recent (within the past 3 months) massive small bowel resection leaving less than or equal to 5 feet of small bowel beyond the ligament of Treitz, OR
B. The patient has a short bowel syndrome that is severe enough that the patient has net gastrointestinal fluid and electrolyte malabsorption such that on an oral intake of 2.5–3 liters/day the enteral losses exceed 50 % of the oral/enteral intake and the urine output is less than 1 liter/day, OR
C. The patient requires bowel rest for at least 3 months and is receiving intravenously 20–35 cal/kg/day 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 is not possible, OR
D. The patient has complete mechanical small bowel obstruction where surgery is not an option, OR
E. The patient is significantly malnourished (10% weight loss over 3 months or less and serum albumin less than or equal to 3.4 gm/dl) and has very severe fat malabsorption (fecal fat exceeds 50% of oral/enteral intake on a diet of at least 50 gm of fat/day as measured by a standard 72 hour fecal fat test), OR
F. The patient is significantly malnourished (10% weight loss over 3 months or less and serum albumin less than or equal to 3.4 gm/dl) and has a severe motility disturbance of the small intestine and/or stomach which is unresponsive to prokinetic medication and is demonstrated either (1) scintigraphically (solid meal

gastric emptying study demonstrates that the isotope fails to reach the right colon by 6 hours following ingestion) or (2) radiographically (barium or radiopaque pellets fail to reach the right colon by 6 hours following administration). These studies must be performed when the patient is not acutely ill and is not on any medication which would decrease bowel motility.

Unresponsiveness to prokinetic medication is defined as the presence of daily symptoms of nausea and vomiting while taking maximal doses.

Patients who do not meet criteria A-F above must have documentation that the patient health cannot be maintained by oral or enteral feeding by altering the nutritional composition of an enteral diet and the patient is unable to utilize pharmacologic means to treat the etiology of malabsorption requiring the patient to be intravenously infused with nutrients ***plus*** criteria G ***and*** H below:

G. Patient is malnourished (10% weight loss over 3 months or less and serum albumin less than or equal to 3.4 gm/dl), AND
H. A disease and clinical condition has been documented as being present and it has not responded to altering the manner of delivery of appropriate nutrients (e.g., slow infusion of nutrients through a tube with the tip located in the stomach or jejunum).

NOTE: Pre-certification of procedure code B9999, NOC for Parenteral supplies, requires the physician contact the help desk at 800-392-8030.

Denial Criteria

The approval criteria are not met.

Quantity Limitation

B4220, B4222, B4224 are limited to one kit per day.

B9004 and B9006 are limited to the physician-specified length of need up to a total rental reimbursement equal to $2,238.01. After that the pump will be considered purchased and no additional payments will be made.

Approval Period

Initial authorization will be physician-specified not to exceed 6 months. Subsequent authorization will be physician-specified not to exceed 12 months. NOTE: Twelve months will only be authorized subsequent to an immediately preceding consecutive six (6) months of service.

Appendix A: Potential Questions for Step 1 and Step 2

****The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient.**

1. Is this request for intradialytic parenteral nutrition (IDPN)?
2. Is this request for total parenteral nutrition (TPN)?
3. Is the patient undergoing hemodialysis?
4. Does the medical record document the patient suffers from a permanently impaired gastrointestinal tract (at least 3 months) and there is insufficient absorption of nutrients to maintain strength and weight?
5. Is patient health status unable to be maintained by oral feedings or by altering the nutritional composition of an enteral diet?
6. Is patient unable to utilize pharmacologic means to treat the etiology of malabsorption?
7. Is intravenous nutrition required to maintain nutritional stability for reason other than supplement to a deficient diet or deficiencies caused by dialysis?
8. Is patient condition of long and indefinite duration (at least 3 months)?
9. Does the patient condition significantly impair absorption of nutrients or cause severe motility disorder?
10. Is the patient health status unable to be maintained by oral or tube enteral nutrition?
11. What is the duration of need? _____
12. Has the patient had massive small bowel resection leaving less than or equal to 5 ft. small bowel beyond the ligament of Treitz?
13. Did the surgery occur within the past 3 months?
14. Does patient have short bowel syndrome?
15. Does enteral loss exceed 50% of the oral or enteral intake?
16. Is oral intake at least 2.5 -3 liters/day?
17. Is urine output less than 1 liter per day?

18. Does patient have symptomatic pancreatitits or severe exacerbation of regional enteritis or proximal enterocutaneous fistula where tube feeding distal to the fistula is not possible?
19. Is patient receiving 20-35 cal/kg/day intravenously?
20. Does patient have a complete mechanical bowel obstruction where surgery is not an option?
21. Has the patient had a 10% or greater weight loss in less than or equal to 3 months?
22. Is the patient serum albumin less than or equal to 3.4 gm/dl?
23. Does the patient fecal fat exceed 50% of oral/enteral intake on a diet > 50 gm fat/day, per standard 72 hour fecal test?
24. Has patient taken the maximum dose of prokinetic medications and condition remains unchanged?
25. Did patient experience nausea and vomiting on a daily basis during prokinetic treatment?
26. Does patient have a severe motility disturbance of the small intestine and/or stomach?
27. Does patient record document a radioisotope study demonstrated that isotope failed to reach the right colon within 6 hours?
28. Does patient record document a radiographic study demonstrated that barium or radiopaque pellets failed to reach the right colon within 6 hours following administration?
29. During the study, was patient free of any medication that may decrease bowel motility study?
30. Was the study performed when patient was not acutely ill?
31. Does patient have a disease or clinical condition that is documented as being present and has patient failed a trial of tube enteral nutrition with the tip of the tube located in the stomach or jejunum?
32. Does the patient own a parenteral nutrition infusion pump?
33. Is there a written signed and dated physician order for TPN formula and supplies?
34. Are additional items medically necessary?