

## LCD for Parenteral Nutrition (L5063)

### Contractor Information

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

### LCD Information

**LCD ID Number**

L5063

**LCD Title**

Parenteral Nutrition

**Contractor's Determination Number**

PEN

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**CMS National Coverage Policy**

CMS Pub. 100-3 (National Coverage Determinations Manual), Chapter 1, Section 180.2

**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

## LCD Information

### **Oversight Region**

Region I

### **DME Region LCD Covers**

Jurisdiction A

### **Original Determination Effective Date**

For services performed on or after 10/01/1993

### **Original Determination Ending Date**

### **Revision Effective Date**

For services performed on or after 10/01/2009

### **Revision Ending Date**

### **Indications and Limitations of Coverage and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

Statutory coverage criteria for parenteral nutrition are specified in the related Policy Article.

#### **GENERAL:**

Parenteral nutrition is the provision of nutritional requirements intravenously. It is covered for patients who qualify under the Prosthetic Benefit requirements outlined in the Parenteral Nutrition Policy Article.

No more than one month's supply of parenteral nutrients, equipment or supplies is allowed for one month's prospective billing. Claims submitted retroactively, however, may include multiple months.

The ordering physician is expected to see the patient within 30 days prior to the initial certification or required recertification (but not revised certifications). If the physician does not see the patient within this timeframe, he/she must document the reason why and describe what other monitoring methods were used to evaluate the patient's enteral nutrition needs.

## LCD Information

### NUTRIENTS:

Parenteral nutrition solutions containing little or no amino acids and/or carbohydrates would be covered only in situations A, B or D discussed in the Parenteral Nutrition - Policy Article.

A total caloric daily intake (parenteral, enteral and oral) of 20-35 cal/kg/day is considered sufficient to achieve or maintain appropriate body weight. The ordering physician must document in the medical record the medical necessity for a caloric intake outside this range in an individual patient. This information must be available on request.

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 (150 units of service of code B4185) per month.

Special parenteral formulas (B5000-B5200) are rarely medically necessary. If the medical necessity for these formulas is not substantiated, payment will be made for the medically appropriate formula.

### EQUIPMENT AND SUPPLIES:

Infusion pumps (B9004-B9006) are covered for patients in whom parenteral nutrition is covered. Only one pump (stationary or portable) will be covered at any one time. Additional pumps will be denied as not medically necessary.

When parenteral nutrition is administered in an outpatient facility, the pump used for its administration and IV pole will be denied as not separately payable. The pump and pole are not considered as rentals to a single patient but rather as items of equipment used for multiple patients.

If the coverage requirements for parenteral nutrition are met, one supply kit (B4220 or B4222) and one administration kit will be covered for each day that parenteral nutrition is administered, if such kits are medically necessary and used.

### RELATED CLINICAL INFORMATION:

When nutritional support other than the oral route is needed, tube enteral nutrition is usually preferable to parenteral nutrition for the following reasons: (1) In a fluid restricted patient, tube enteral nutrition permits delivery of all necessary nutrients in a more concentrated volume than parenteral nutrition and (2) tube enteral nutrition allows for safer home delivery of nutrients.

### Coverage Topic

Nutrition Therapy Services (Medical)  
Parenteral Nutrition

## Coding Information

### CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

### HCPCS MODIFIERS:

BA – Item used in conjunction with parenteral enteral nutrition (PEN) services

EY – No physician or other health care provider order for this item or service

## Coding Information

### HCPCS CODES:

- 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 GRAMS LIPIDS
- B4189 PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID 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

## Coding Information

E0776 IV POLE

### ICD-9 Codes that Support Medical Necessity

Not specified.

### Diagnoses that Support Medical Necessity

Not specified.

### ICD-9 Codes that DO NOT Support Medical Necessity

Not specified.

### ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

### Diagnoses that DO NOT Support Medical Necessity

Not specified.

## General Information

### Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

A DME Information Form (DIF) which has been completed, signed, and dated by the supplier, must be kept on file by the supplier and made available on request. The DIF for Parenteral Nutrition is CMS Form 10126. The initial claim must include an electronic copy of the DIF.

Information describing the medical justification for parenteral nutrition must be available upon request. This information shall describe which criterion (A-H) in Non-Medical Necessity Coverage and Payment Rules in the related Policy Article serves as the basis for coverage. This information is generally recorded in the patient's medical record. Some sources, not all-inclusive, are described below:

- For situations A-D, copies of the operative report and/or hospital discharge summary and/or x-ray reports and/or physician letter, which demonstrate the condition and the necessity for parenteral therapy.
- For situations E and H (when appropriate), results of the fecal fat test and dates of the test.
- For situations F, and H (when appropriate), copy of the report of the small bowel motility study and a list of medications that the patient was on at the time of the test.
- For situations E-H, results of serum albumin and date of test (within 1 week prior to initiation of parenteral nutrition, PN) and a copy of a nutritional assessment by a physician,

## General Information

dietitian or other qualified professional within 1 week prior to initiation of PN, to include the following information:

1. Current weight with date and weight 1-3 mo. prior to initiation of PN;
  2. Estimated daily calorie intake during the prior month and by what route (e.g., oral, tube);
  3. Statement of whether there were caloric losses from vomiting or diarrhea and whether these estimated losses are reflected in the calorie count;
  4. Description of any dietary modifications made or supplements tried during the prior month (e.g., low fat, extra medium chain triglycerides, etc.);
- For situations described in H, a statement from the physician, copies of objective studies, and excerpts of the medical record giving the following information:
    1. Specific etiology for the gastroparesis, small bowel dysmotility, or malabsorption;
    2. A detailed description of the trial of tube enteral nutrition including the beginning and ending dates of the trial, duration of time that the tube was in place, the type and size of tube, the location of tip of the tube, the name of the enteral nutrient, the quantity, concentration, and rate of administration, and the results;
    3. A copy of the x-ray report or procedure report documenting placement of the tube in the jejunum;
    4. Prokinetic medications used, dosage, and dates of use;
    5. Nondietary treatment given during prior month directed at etiology of malabsorption (e.g., antibiotic for bacterial overgrowth);
    6. Any medications used that might impair GI tolerance to enteral feedings (e.g., anticholinergics, opiates, tricyclics, phenothiazines, etc.) or that might interfere with test results (e.g., mineral oil, etc.) and a statement explaining the need for these medications.

A Revised DIF is required when:

1. Nutrients billed with a different code are ordered, or
2. The number of days per week administered is changed.

A new Initial DIF is required when parenteral nutrition services are resumed when they are not required for two consecutive months.

## General Information

Refer to the Supplier Manual for more information on documentation requirements.

### Appendices

#### Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

#### Sources of Information and Basis for Decision

Reserved for future use

#### Advisory Committee Meeting Notes

#### Start Date of Comment Period

04/30/1993

#### End Date of Comment Period

06/14/1993

#### Start Date of Notice Period

08/01/1993

#### Revision History Number

PEN006

#### Revision History Explanation

##### Revision Effective Date: 10/01/2009

DOCUMENTATION REQUIREMENTS:

Revised: Instructions for submitting a revised DIF.

**03/01/2008** - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L5063 from DME PSC TriCenturion (77011) LCD L5063.

**06/01/2007** - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

##### Revision Effective Date: 01/01/2007

DOCUMENTATION REQUIREMENTS:

Removed: CMN requirements.

Added: DIF instructions.

## General Information

**03/01/2006** - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

### **Revision Effective Date: 01/01/2006 (March 2006 publication)**

#### INDICATIONS AND LIMITATIONS OF COVERAGE:

Moved: Statement about coverage in a SNF to Policy Article.

Revised: Statement concerning the quantity of lipids requiring additional documentation.

#### HCPCS CODES AND MODIFIERS:

Added: B4185

Deleted: B4184, B4186

#### DOCUMENTATION REQUIREMENTS:

Deleted: Paragraph referring to pre-1996 dates of service.

### **Revision Effective Date: 01/01/2006**

LMRP converted to LCD and Policy Article.

#### DOCUMENTATION REQUIREMENTS:

Removed: Documentation requirements for claim submission.

### **Revision Effective Date: 04/01/2003**

#### HCPCS CODES AND MODIFIERS:

Added: EY modifier, BA modifier.

#### INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Standard language concerning coverage of items without an order.

#### CODING GUIDELINES:

Added: Use of the BA modifier.

#### DOCUMENTATION REQUIREMENTS:

Added: Standard language concerning use of EY modifier for items without an order.

### **The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.**

10/01/1996 – Corrected error as follows: “However, parenteral nutrition provided by an outside supplier to a Part A covered patient is eligible for Part A coverage and is billed to the DMERC.” – corrected to “However, parenteral nutrition provided by an outside supplier to a Part A covered patient is eligible for Part B coverage and is billed to the DMERC.”

04/01/1996 – There were many changes from the previously published policy. One revision is that routine recertifications are changed from the previous 3, 9 and 24 months to a requirement for a recertification only at 6 months. For patients who have had their initial certification and at least one routine recertification (e.g., at 3 months) approved by the DMERC prior to July 1, 1996, no further routine recertification will be required.

If an initial certification is approved but there has been no recertification prior to July 1, 1996, then a recertification will be required 6 months from the date of initial certification regardless of the date of initial certification. For example, if the initial certification was December 1, 1995 and no recertification is submitted prior to July 1, 1996, then the DMERC would expect recertification with the June 1, 1996 claim, not with the March 1, 1996 claim.

### **Reason for Change**

### **Last Reviewed On Date**

## General Information

### Related Documents

#### Article(s)

[A37215 - Parenteral Nutrition - Policy Article - Effective October 2009](#)

#### LCD Attachments

[ENT-PEN.DIF](#) (38,888 bytes)

## Article for Parenteral Nutrition - Policy Article - Effective October 2009 (A37215)

### Contractor Information

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

### Article Information

**Article ID Number**

A37215

**Article Type**

Article

**Key Article**

Yes

**Article Title**

Parenteral Nutrition - Policy Article - Effective October 2009

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**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

## Article Information

### DME Region Article Covers

Jurisdiction A

### Original Article Effective Date

01/01/2006

### Article Revision Effective Date

10/01/2009

### Article Text

#### **NONMEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

Parenteral nutrition is covered for a patient with permanent, 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.

#### **PROSTHETIC BENEFIT REQUIREMENTS:**

The patient must have a permanent impairment. Permanence does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the judgment of the attending physician, substantiated in the medical record, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Parenteral nutrition will be denied as non-covered in situations involving temporary impairments.

The patient must have (a) a condition involving the small intestine and/or its exocrine glands which significantly impairs the absorption of nutrients or (b) disease of the stomach and/or intestine which is a motility disorder and impairs the ability of nutrients to be transported through the GI system. There must be objective evidence supporting the clinical diagnosis.

Parenteral nutrition is noncovered for the patient with a functioning gastrointestinal tract whose need for parenteral nutrition is only due to any of the following conditions:

- Swallowing disorder
- Temporary defect in gastric emptying such as a metabolic or electrolyte disorder
- Psychological disorder impairing food intake such as depression
- Metabolic disorder inducing anorexia such as cancer
- Physical disorder impairing food intake such as the dyspnea of severe pulmonary or cardiac disease
- Side effect of a medication
- Renal failure and/or dialysis

In order to cover intradialytic parenteral nutrition (IDPN), documentation must be clear and precise to verify that the patient suffers from a permanently impaired gastrointestinal tract and that there is insufficient absorption of nutrients to maintain adequate strength and weight. Records should document that the patient cannot be maintained on oral or enteral feedings and that due to severe pathology of the alimentary tract, the patient must be intravenously infused with nutrients. Infusions must be vital to the nutritional stability of the patient and not supplemental to a deficient diet or deficiencies caused by dialysis. Physical signs, symptoms and test results indicating severe pathology of the alimentary tract must be clearly evident in any documentation submitted. Patients receiving IDPN must meet the parenteral nutrition coverage criteria listed below.

Maintenance of weight and strength commensurate with the patient's overall health status must

## Article Information

require intravenous nutrition and must not be possible utilizing all of the following approaches:

1. Modifying the nutrient composition of the enteral diet (e.g., lactose free, gluten free, low in long chain triglycerides, substitution with medium chain triglycerides, provision of protein as peptides or amino acids, etc.), and
2. Utilizing pharmacologic means to treat the etiology of the malabsorption (e.g., pancreatic enzymes or bile salts, broad spectrum antibiotics for bacterial overgrowth, prokinetic medication for reduced motility, etc.).

Parenteral nutrition 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 isn't 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.

For criteria A-F above, the conditions are deemed to be severe enough that the patient would not be able to maintain weight and strength on only oral intake or tube enteral nutrition.

Patients who do not meet criteria A-F above must meet criteria 1-2 above (modification of diet and pharmacologic intervention) plus criteria G and H below:

- G. The 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).

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The following are some examples of moderate abnormalities which would require a failed trial of tube enteral nutrition before parenteral nutrition would be covered:

- Moderate fat malabsorption - fecal fat exceeds 25% 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
- Diagnosis of malabsorption with objective confirmation by methods other than 72 hour fecal fat test (e.g., Sudan stain of stool, d-xylose test, etc.)
- Gastroparesis which has been demonstrated (a) radiographically or scintigraphically as described in F above with the isotope or pellets failing to reach the jejunum in 3-6 hours, or (b) by manometric motility studies with results consistent with an abnormal gastric emptying, and which is unresponsive to prokinetic medication
- A small bowel motility disturbance which is unresponsive to prokinetic medication, demonstrated with a gastric to right colon transit time between 3-6 hours
- Small bowel resection leaving greater than 5 feet of small bowel beyond the ligament of Treitz
- Short bowel syndrome which is not severe (as defined in B)
- Mild to moderate exacerbation of regional enteritis, or an enterocutaneous fistula
- Partial mechanical small bowel obstruction where surgery is not an option

Parenteral nutrition is noncovered for patients who do not meet these criteria.

### DEFINITION OF A TUBE TRIAL:

A concerted effort must be made to place a tube. For gastroparesis, tube placement must be post-pylorus, preferably in the jejunum. Use of a double lumen tube should be considered. Placement of the tube in the jejunum must be objectively verified by radiographic studies or fluoroscopy. Placement via endoscopy or open surgical procedure would also verify location of the tube, however they are not required.

A trial with enteral nutrition must be made, with appropriate attention to dilution, rate, and alternative formulas to address side effects of diarrhea.

Examples of a failed tube trial would be:

- A person who has had documented placement of a tube in the post-pyloric area continues to have problems with vomiting and on radiographic recheck the tube has returned to the stomach.
- After an attempt of sufficient time (5-6 hours) to get a tube into the jejunum, the tube does not progress and remains in the stomach or duodenum.
- An attempt of enteral tube feeding with a very slow drip was made. It was initially tolerated well but vomiting occurred when the rate was increased.
- After placement of the tube in the jejunum and 1-2 days of enteral tube feeding, the person has vomiting and distension.

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- A tube is placed appropriately and remains in place. Enteral nutrition is initiated and the concentration and rate are increased gradually. Over the course of 3-4 weeks, attempts to increase the rate and/or concentration and/or to alter the formula to reach the targeted intake are unsuccessful, with increase in diarrhea, bloating or other limiting symptoms, and the person is unable to meet the needed nutritional goals (stabilize at desired weight or gain weight as needed).

### MISCELLANEOUS:

Parenteral nutrition can be covered in a patient with the ability to obtain partial nutrition from oral intake or a combination of oral/enteral (or even oral/enteral/parenteral) intake as long as the following criteria are met: 1a) a permanent condition of the alimentary tract is present which has been deemed to require parenteral therapy because of its severity (criteria A-F); or 1b) a permanent condition of the alimentary tract is present which is unresponsive to standard medical management (criterion H); and 2) the person is unable to maintain weight and strength (criterion G).

If the coverage requirements for parenteral nutrition are met, medically necessary nutrients, administration supplies, and equipment are covered.

Suppliers should monitor the patient's medical condition to confirm that the coverage criteria for parenteral nutrition continue to be met.

Parenteral nutrition provided to a patient in a Part A covered stay must be billed by the SNF to the fiscal intermediary. No payment from Part B is available when parenteral nutrition services are furnished to a beneficiary in a stay covered by Part A. However, if a beneficiary is in a stay not covered by Part A, parenteral nutrition is eligible for coverage under Part B and may be billed to the DME MAC by either the SNF or an outside supplier.

### CODING GUIDELINES

When homemix parenteral nutrition solutions are used, the component carbohydrates (B4164, B4180), amino acids (B4168-B4178), additives (B4216), and lipids (B4185) are all separately billable. When premix parenteral nutrition solutions are used (B4189-B4199, B5000-B5200) there must be no separate billing for the carbohydrates, amino acids or additives (vitamins, trace elements, heparin, electrolytes). However, lipids (B4185) are separately billable with premix solutions.

For lipids, one unit of service of code B4185 is billed for each 10 grams of lipids provided. 500 ml of 10% lipids contains 50 grams of lipids (5 units of service); 500 ml of 20% lipids contains 100 grams (10 units of service); 500 ml of 30% lipids contains 150 grams (15 units of service).

When an IV pole (E0776) is used in conjunction with parenteral nutrition, the BA modifier should be added to the code. Code E0776 is the only code with which the BA modifier may be used.

For codes B4189-B4199, one unit of service represents one day's supply of protein and carbohydrate regardless of the fluid volume and/or the number of bags. For example, if 60 grams of protein are administered per day in two bags of a premix solution each containing 30 grams of amino acids, correct coding is one (1) unit of B4193, not two units of B4189.

For codes B5000-B5200, one unit of service is one gram of amino acid.

Parenteral nutrition solutions containing less than 10 grams of protein per day are coded using the miscellaneous code B9999.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on

## Article Information

the correct coding of these items.

### Coverage Topic

Nutrition Therapy Services (Medical)  
Parenteral Nutrition

## Coding Information

**No Coding Information has been entered in this section of the article.**

## Other Information

### Revision History Explanation

#### Revision Effective Date: 10/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Revised: DMERC to DME MAC.

CODING GUIDELINES:

Revised: SADMERC to PDAC.

**03/01/2008** - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A37215 from DME PSC TriCenturion (77011) Article A37215.

**06/01/2007** - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

#### Revision Effective Date: 01/01/2007

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Language describing the denial type for failure to meet coverage criteria.

Removed: Requirement for 6 month recertification.

**03/01/2006** - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

#### Revision Effective Date: 01/01/2006 (March 2006 publication)

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

CODING GUIDELINES:

Added: B4185

Deleted: B4184, B4186

Added: Guideline for B4185 (lipids).

#### Revision Effective Date: 01/01/2006

LMP converted to LCD and Policy Article.

### Related Documents

#### LCD(s)

[L5063 - Parenteral Nutrition](#)