

# Local Coverage Determination (LCD): Parenteral Nutrition (L33798)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

**Contractor Name**

**Contract Type Contract Number Jurisdiction State(s)**

South Dakota  
Utah  
Washington  
Wyoming  
Northern Mariana Islands

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## [LCD Information](#)

### **Document Information**

LCD ID L33798	Original Effective Date For services performed on or after 10/01/2015
Original ICD-9 LCD ID <a href="#">L5063</a> <a href="#">L11561</a> <a href="#">L27006</a> <a href="#">L11576</a>	Revision Effective Date For services performed on or after 01/01/2017
LCD Title Parenteral Nutrition	Revision Ending Date N/A
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CMS National Coverage Policy CMS Pub. 100-03 (National Coverage Determinations Manual), Chapter 1, Section 180.2	

Coverage Guidance

**Coverage Indications, Limitations, 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.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding "reasonable and necessary" criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

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

Parenteral nutrition is the provision of nutritional requirements intravenously. It is covered for beneficiaries 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 beneficiary within 30 days prior to the initial certification or required recertification (but not revised certifications). If the physician does not see the beneficiary within this timeframe, he/she must document the reason why and describe what other monitoring methods were used to evaluate the beneficiary's enteral nutrition needs.

#### 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 beneficiary. 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.

The medical necessity for special parenteral formulas (B5000-B5200) must be justified in each beneficiary. If a special parenteral nutrition formula is provided and if the medical record does not document why that item is reasonable and necessary, it will be denied as not reasonable and necessary.

#### EQUIPMENT AND SUPPLIES:

Infusion pumps (B9004-B9006) are covered for beneficiaries 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 reasonable and necessary.

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.

## 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 beneficiary, 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.

## GENERAL

A Detailed Written Order (DWO) (if applicable) 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 a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

## REFILL REQUIREMENTS

For DMEPOS items and supplies provided on a recurring basis, billing must be based on prospective, not retrospective use. For DMEPOS products that are supplied as refills to the original order, suppliers must contact the beneficiary prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the beneficiary. This shall be done to ensure that the refilled item remains reasonable and necessary, existing supplies are approaching exhaustion, and to confirm any changes or modifications to the order. Contact with the beneficiary or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date. For delivery of refills, the supplier must deliver the DMEPOS product no sooner than 10 calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized.

For all DMEPOS items that are provided on a recurring basis, suppliers are required to have contact with the beneficiary or caregiver/designee prior to dispensing a new supply of items. Suppliers must not deliver refills without a refill request from a beneficiary. Items delivered without a valid, documented refill request will be denied as not reasonable and necessary.

Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization. Suppliers must stay attuned to changed or atypical utilization patterns on the part of their clients. Suppliers must verify with the ordering physicians that any changed or atypical utilization is warranted. Regardless of utilization, a supplier must not dispense more than a one (1) - month quantity at a time.

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## Coding Information

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all

Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

**Group 1 Paragraph:** 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

### HCPCS CODES:

#### Group 1 Codes:

- 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 = 1 UNIT) - HOME MIX
- B4176 PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOME MIX
- B4178 PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) - HOME MIX
- B4180 PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 ML = 1 UNIT) - HOME MIX
- 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), HOME MIX, 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-AMINOSYN-RF, NEPHRAMINE, RENAMINE-PREMIX
- B5100 PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC, 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-FREAMINE-HBC-PREMIX
- B9004 PARENTERAL NUTRITION INFUSION PUMP, PORTABLE
- B9006 PARENTERAL NUTRITION INFUSION PUMP, STATIONARY
- B9999 NOC FOR PARENTERAL SUPPLIES
- E0776 IV POLE

ICD-10 Codes that Support Medical Necessity N/A

ICD-10 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information

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## **General Information**

Associated 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 beneficiary's medical records will reflect the need for the care provided. The beneficiary'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.

### **GENERAL DOCUMENTATION REQUIREMENTS**

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

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

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

### **POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

### **Miscellaneous**

#### **Appendices**

#### **Utilization Guidelines**

Refer to Coverage Indications, Limitations and/or Medical Necessity

## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2017	R4	<p><b>Revision Effective Date: 01/01/2017</b>            COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Removed: Standard Documentation Language            Added: New reference language and directions to Standard Documentation Requirements            Added: General Requirements            Revised: Refill Requirements            DOCUMENTATION REQUIREMENTS:            Removed: Standard Documentation Language            Added: General Documentation Requirements            Added: New reference language and directions to Standard Documentation Requirements            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Removed: Standard Documentation Language            Added: Direction to Standard Documentation Requirements            Removed: Reference under Miscellaneous and Appendices            RELATED LOCAL COVERAGE DOCUMENTS:            Added: LCD-related Standard Documentation Requirements article            Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.            Revision Effective Date: 01/01/2016            HCPCS CODES:            Group 1 codes:            Updated: HCPCS Code B5000, B5100, B5200 narrative description            DOCUMENTATION REQUIREMENTS:            Revised: Standard Documentation language to remove start date verbiage from Prescription Requirements (Effective 11/05/2015)            Revision Effective Date: 10/31/2014            COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility            DOCUMENTATION REQUIREMENTS:            Revised: Standard Documentation Language to add who can enter date of delivery date on the POD            Added: Instructions for Equipment Retained from a Prior Payer            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Added: Instructions for Recertification DIF</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>
07/01/2016	R3	<p>Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.            Revision Effective Date: 01/01/2016            HCPCS CODES:            Group 1 codes:            Updated: HCPCS Code B5000, B5100, B5200 narrative description            DOCUMENTATION REQUIREMENTS:            Revised: Standard Documentation language to remove start date verbiage from Prescription Requirements (Effective 11/05/2015)            Revision Effective Date: 10/31/2014            COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility            DOCUMENTATION REQUIREMENTS:            Revised: Standard Documentation Language to add who can enter date of delivery date on the POD            Added: Instructions for Equipment Retained from a Prior Payer            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Added: Instructions for Recertification DIF</p>	<ul style="list-style-type: none"> <li>Change in Assigned States or Affiliated Contract Numbers</li> </ul>
01/01/2016	R2	<p>Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.            Revision Effective Date: 01/01/2016            HCPCS CODES:            Group 1 codes:            Updated: HCPCS Code B5000, B5100, B5200 narrative description            DOCUMENTATION REQUIREMENTS:            Revised: Standard Documentation language to remove start date verbiage from Prescription Requirements (Effective 11/05/2015)            Revision Effective Date: 10/31/2014            COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility            DOCUMENTATION REQUIREMENTS:            Revised: Standard Documentation Language to add who can enter date of delivery date on the POD            Added: Instructions for Equipment Retained from a Prior Payer            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Added: Instructions for Recertification DIF</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> <li>Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R1	<p>Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.            Revision Effective Date: 01/01/2016            HCPCS CODES:            Group 1 codes:            Updated: HCPCS Code B5000, B5100, B5200 narrative description            DOCUMENTATION REQUIREMENTS:            Revised: Standard Documentation language to remove start date verbiage from Prescription Requirements (Effective 11/05/2015)            Revision Effective Date: 10/31/2014            COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility            DOCUMENTATION REQUIREMENTS:            Revised: Standard Documentation Language to add who can enter date of delivery date on the POD            Added: Instructions for Equipment Retained from a Prior Payer            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Added: Instructions for Recertification DIF</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>

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## Associated Documents

Attachments [CMS10126-Parenteral Nutrition](#) (PDF - 61 KB )

Related Local Coverage Documents Article(s) [A52515 - Parenteral Nutrition - Policy Article A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#)

Related National Coverage Documents N/A

Public Version(s) Updated on 03/31/2017 with effective dates 01/01/2017 - N/A [Updated on 06/07/2016 with effective dates 07/01/2016 - 12/31/2016](#) [Updated on 02/26/2016 with effective dates 01/01/2016 - 06/30/2016](#)  
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## **Keywords**

N/A Read the [LCD Disclaimer](#) [Back to Top](#)



**END OF LOCAL COVERAGE DETERMINATION**

Per the Code of Federal Regulations, 42 C.F.R § 426. 325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.

# Local Coverage Article: Parenteral Nutrition - Policy Article (A52515)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

**Contractor Name**

**Contract Type Contract Number Jurisdiction State(s)**

South Dakota

Utah

Washington

Wyoming

Northern Mariana Islands

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## **Article Information**

### **General Information**

**Article ID**

A52515

**Original Article Effective Date**

10/01/2015

Original ICD-9 Article ID

[A37215](#)

[A37054](#)

[A47126](#)

[A37077](#)

**Revision Effective Date**

01/01/2017

**Revision Ending Date**

N/A

**Article Title**

Parenteral Nutrition - Policy Article

**Retirement Date**

N/A

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### **Article Guidance**

**Article Text:**

## **NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

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. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Parenteral Nutrition is covered under the Prosthetic Device benefit (Social Security Act § 1861(s)(8)). In order for a beneficiary's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met). In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

Parenteral nutrition is covered for a beneficiary with permanent, severe pathology of the alimentary tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the beneficiary's general condition.

### **PROSTHETIC BENEFIT REQUIREMENTS:**

The beneficiary must have a permanent impairment. Permanence does not require a determination that there is no possibility that the beneficiary'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 beneficiary 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 beneficiary 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 beneficiary 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 beneficiary cannot be maintained on oral or enteral feedings and that due to severe pathology of the alimentary tract, the beneficiary must be intravenously infused with nutrients. Infusions must be vital to the nutritional stability of the beneficiary 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. Beneficiaries receiving IDPN must meet the parenteral nutrition coverage criteria listed below.

Maintenance of weight and strength commensurate with the beneficiary's overall health status must 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 beneficiary 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 beneficiary has a short bowel syndrome that is severe enough that the beneficiary 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 beneficiary 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 beneficiary has complete mechanical small bowel obstruction where surgery is not an option, or
- E. The beneficiary 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 beneficiary 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 beneficiary 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 beneficiary would not be able to maintain weight and strength on only oral intake or tube enteral nutrition.

Beneficiaries 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 beneficiary 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).

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 beneficiaries 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.
- 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 beneficiary 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 beneficiary's medical condition to confirm that the coverage criteria for parenteral nutrition continue to be met.

Parenteral nutrition provided to a beneficiary 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.

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 beneficiary but rather as items of equipment used for multiple beneficiaries.

## **POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

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 beneficiary'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 beneficiary 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, 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. Non-dietary 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.

Special nutrient formulas, HCPCS codes B5000-B5200, are produced to meet unique nutrient needs for specific disease conditions. The beneficiary's medical record must adequately document the specific condition and the need for the special nutrient. This information shall be available upon request.

### **DME INFORMATION FORM (DIF)**

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 upon request. The DIF for parenteral nutrition is CMS Form 10126. The initial claim must include an electronic copy of the DIF.

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

A revised DIF must be submitted if:



- Change in HCPCS code for the current nutrient provided
- Change (increase or decrease) in the calories prescribed
- Change in the method of administration from gravity to syringe or syringe to gravity (See above for gravity or syringe to pump)
- Change in the number of days per week of administration
- Change in route of administration from tube feedings to oral feedings (if billing for denial)
- when the length of need previously entered on the DIF has expired and the ordering physician is extending the length of need for the item(s).

### **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 the correct coding of these items.

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## **Coding Information**

### **Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

### **Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**CPT/HCPCS Codes** N/A

**ICD-10 Codes that are Covered** N/A

**ICD-10 Codes that are Not Covered** N/A

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## [Revision History Information](#)

<b>Revision History Date</b>	<b>Revision History Number</b>	<b>Revision History Explanation</b>
01/01/2017	R3	Revision Effective Date: 01/01/2017 POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Added: Billing Instructions and DIF requirements RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements Language Article Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.
07/01/2016	R2	Removed: Effective Date from Policy Article title
10/01/2015	R1	

[Back to Top](#) **Related Local Coverage Document(s)** Article(s) [A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#) LCD(s) [L33798 - Parenteral Nutrition](#)

**Related National Coverage Document(s)** N/A

**Statutory Requirements URL(s)** N/A

**Rules and Regulations URL(s)** N/A

**CMS Manual Explanations URL(s)** N/A

**Other URL(s)** N/A

**Public Version(s)** Updated on 03/31/2017 with effective dates 01/01/2017 - N/A [Updated on 06/07/2016 with effective dates 07/01/2016 - N/A](#) [Updated on 02/26/2016 with effective dates 10/01/2015 - N/A](#) [Updated on 04/04/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

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## [Keywords](#)

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