

OHCA Guideline

Medical Procedure Class:	Parenteral Nutrition
Initial Implementation Date:	January 2020
Last Review Date:	August 2025
Effective Date:	October 1, 2025
Next Review/Revision Date:	October 2028
This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria	<input checked="" type="checkbox"/> Revision of Existing Criteria
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Alimentary Tract a/k/a GI Tract: The mucous membrane-lined tube of the digestive system through which food passes, digestion takes place, and wastes are eliminated; it includes the pharynx, esophagus, stomach, and intestines.</p> <p>BMI: Body Mass Index is a measure of body fat based on height and weight.</p> <p>Capped Rental: Monthly payments are made for the use of Durable Medical Equipment (DME) for a limited period of time not to exceed 13 months. Items are considered purchased after 13 months of continuous rental.</p> <p>Central Venous Line: An indwelling catheter is placed percutaneously in a central vein.</p> <p>Certificate of Medical Necessity (CMN): A certification signed by the prescribing provider (MD, DO, APRN, PA) required to help document medical necessity.</p> <p>Dysphagia: Difficulty swallowing.</p> <p>Enteral Nutrition (EN): Delivery of nutrients directly into the stomach, duodenum, or jejunum.</p> <p>Intravenous: Inside the vein or taking place within the vein.</p> <p>Malnutrition: A lack of proper nutrition, caused by not having enough to eat, not eating enough of the right things, or being unable to use the food that one does eat. Used herein as “undernutrition” which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age), and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals).</p> <p>Motility/Dysmotility: Motility is how food and liquids move through the GI tract. If there is a motility issue, referred to as dysmotility, food isn’t moving through as it should.</p> <p>Oral Nutrition: The oral intake of food through the mouth and esophagus to provide necessary nutrients for health and growth.</p> <p>Parenteral Nutrition (PN): PN is the provision of nutritional requirements given intravenously.</p> <p>Prescribing Provider: Used herein to refer to a licensed MD, DO, APRN, or PA.</p> <p>Peripheral Parenteral Nutrition (PPN): Parenteral Nutrition given through a peripheral intravenous line. PPN may be given for a few days while an inpatient. Patients should not receive PPN at home.</p> <p>Peripherally Inserted Central Catheter (PICC) line: A line usually inserted in the arm with single, double, or triple lumen long catheter with the tip residing in the distal superior vena cava.</p>	
Description	
Parenteral Nutrition (PN) is nutritional requirements given intravenously.	
CPT Codes Covered Requiring Prior Authorization (PA)	

B4164 – B4185 Parenteral Nutrition (PN) solutions
 B4189 – B4199 Specialty formulas requiring additional documentation
 B4216 – PN additives
 B4220 – B4224 Supply kits, limit 1/day with PN authorization
 B5000 – B5200 PN compound solutions
 B9004 – B9006 PN Enteral Nutrition Infusion Pumps
 (Capped Rental after 13 months of continuous use, limit 1 purchased per 5 years)

Approval Criteria

I. GENERAL

Parenteral Nutrition (PN) is considered medically necessary for a patient with an alimentary tract (GI tract) which does not allow absorption of sufficient nutrients to maintain weight and strength appropriate for the patients' general condition. Failure of the gut function results in the inability to sustain the patient through oral or enteral feeding. Therefore, nutrients are provided via an intravenous route. The non-functioning or non-accessible GI tract must be considered long term (lasting at least 3 months), persistent, and indefinite in duration.

II. INDICATIONS

Requests for authorization for adult or pediatric parenteral nutrition (PN) in the home setting must include documentation for the following:

A. Hospital records: There must be objective medical evidence supporting the clinical diagnosis.¹¹ PN should be initiated in the hospital setting. Submit inpatient records including diagnosis of long-term condition or impairment of the alimentary tract, placement of a functioning central line, documentation of any trials with oral or enteral nutrition, and lab results. Medical records should include a history of the patient's height, weight, and BMI. Also provide documentation of discharge teaching with caregiver education and training regarding in-home administration of PN.

PN home therapy is *not* medically appropriate for patients with a functioning GI tract in which nutritional need is due to a swallowing disorder (e.g. dysphagia), a temporary defect in gastric emptying (e.g. electrolyte disorder), a psychological disorder impairing food intake (e.g. depression), a metabolic disorder inducing anorexia (e.g. cancer), a physical disorder impairing food intake (e.g. dyspnea of severe pulmonary disease), a side effect of medication, or renal failure/dialysis.

B. Certificate of Medical Necessity & PN Prescription: Submit a CMN signed by the prescribing provider who has seen the patient within 30 days. Provide a copy of the prescription with formula type, amino acids and lipids, additives, and percent of daily nutritional needs received from PN. The prescription should specify frequency, route, product name, volume, and duration of nutritional therapy. Submit orders for monthly home health visits by a Registered Nurse. The prescribing provider must document the medical necessity for specialty formulas (B5000-B5200).

A total caloric intake (parenteral, enteral, and oral) of 30 cal/kg/day is considered sufficient to achieve or maintain appropriate body weight for adults and children. The prescribing provider must document the medical necessity for a caloric intake greater than 30 cal/kg/day.

III. SUPPLIES

The PN prescription should include supplies, nutritional products, and equipment to be used. Supply kits are all inclusive, unbundled supplies (e.g. gloves, tubing, etc.) are not covered for PN. Pumps are rented as a Capped Rental for up to 13 months of continuous

use and then converted into a purchase. Purchase of a pump is limited to one in a 5-year period.

DME suppliers must not deliver refills without patient, home health, or doctor refill request. Suppliers must verify with the prescribing doctor the ongoing prescription and supplies needed. No more than one (1) month quantity of supplies will be dispensed at a time based on prospective billing. PN supply kits (B4220 – B4224) are limited to 1/day.

Note: Additional information may be requested.

Continuation Criteria

Authorization for PN home therapy may be approved for up to 12 months with documentation supporting ongoing medical necessity for nutritional products requested. For continued authorization for PN home therapy, submit CMN, prescription (as stated above), records from office visits including weight and BMI history, lab results, home health notes with assessments, and documentation of patient and caregiver education.

It is important to use the gut as much as possible, as the gut is the largest source of immune tissue and failure to feed the gut can increase infection problems. Document any attempts to give some nutrition orally or enterally. Prescribing provider should clearly document the medical necessity for continued PN home therapy and the patient's inability to transition to oral or enteral nutrition.

Additional Information

1. Requests should meet medical necessity criteria as outlined in OHCA policy.
2. Supply kits are all inclusive, bundled supplies (e.g. gloves, tubing, etc.) are provided within each kit (B4220 – B4224) with a covered benefit of 1 per day.
3. Requests outside these guidelines must be reviewed by the Medical Director.

References

1. Oklahoma Health Care Authority, Policies Rules, OAC 317:30-5-211.14 and 3-5-211.24
2. Noridian Healthcare Solutions; Local Coverage Determination (LCD): Parenteral Nutrition (L38953)
3. National Institute for Health and Care Excellence (NICE) Clinical Guidelines, No 32. Nutrition Support for Adults. Oral Nutrition Support, Enteral Tube Feeding, and Parenteral Nutrition. ISBN-10: 0-9549760-2-9