Medicare Guidelines
Medicare Part B

Home Parenteral Nutrition

Parenteral nutrition may be covered for a patient with a 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.

The patient must have:

- A condition involving the small intestine and/or its exocrine glands which significantly impairs nutrient absorption, or
- A disease of the stomach and/or intestine resulting in a motility disorder which impairs nutrients from being transported through the GI system, and
- Permanency of greater than 90 days or lifetime
- Objective evidence to support clinical diagnoses

Many managed care payors cover additional diagnoses and shorter length of therapy; however, each payor and plan is different and benefits must be verified prior to discharge home. Nourish’s admission teams can help you determine coverage for your patient.
Diagnoses with ICD-9 Codes and Recommended Documentation

Common and Supportive Diagnoses

- Short bowel syndrome.................................................................579.3
- Pancreatitis chronic/acute ............................................................... 577.1 / 577.0
- Crohn’s disease/regional enteritis .............................................. 555.0 / 555.2 / 555.9
- Enterocutaneous fistula................................................................. 569.81
- Intestinal obstruction................................................................. 560.9
- Intestinal malabsorption, steatorrhea........................................... 579.8
- Gastroparesis .............................................................................. 536.3
- Paralysis of the intestine .............................................................. 560.1
- Acute/chronic vascular insufficiency of intestine ...... 557.0 / 557.1

Recommended Documentation

Documentation that may be requested for covered conditions:

- Objective clinical documentation (CT scan or report, GI tests and results, D-Xylose or 72-hour fecal fat test, intake/output records, evidence of failed tube trial)
- Lab values that support diagnoses of malnutrition and malabsorption
- Discharge summary
- Home PN prescription
- Nutrition assessment

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Common Covered Conditions Under Medicare

Criteria A–F (listed below) qualify a patient for home parenteral nutrition under the category of “severe GI conditions.” Parenteral nutrition can be covered for a patient who meets one or more of the following criteria and has objective documentation to substantiate the claim:

A. Massive small bowel resection (within the last three months) leaving less than or equal to 5 feet of small bowel beyond the ligament of Treitz

B. Short bowel syndrome
   - Severe enough to show evidence of fluid and electrolyte malabsorption, and
   - Oral/enteral intake of 2.5–3 L/day with losses greater than 50 percent of intake, and
   - Urine output is less than 1L/day

C. Bowel rest for at least three months and is receiving 20–35 kcal/kg/day for:
   - Symptomatic pancreatitis, or
   - Severe exacerbation of regional enteritis, or
   - Proximal enterocutaneous fistula where tube feeding distal to the fistula is not possible

D. Complete mechanical small bowel obstruction where surgery is not an option

E. Significantly malnourished and severe fat malabsorption
   - Documented 10 percent weight loss over three months or less, and
   - Serum albumin less than or equal to 3.4, and
   - Fecal fat exceeds 50 percent of oral/enteral intake on a diet of at least 50 gm/fat/day and measured by a standard 72-hour fecal fat test
Common Covered Conditions Under Medicare (continued)

F. Significantly malnourished and has severe motility disturbance of the small intestine and/or stomach
   - Documented 10 percent weight loss over three months or less, and
   - Serum albumin less than or equal to 3.4, and
   - Motility disturbance of the small intestine and/or stomach which is unresponsive to prokinetic medications

Patients who do not meet the criteria for “severe GI conditions” (A-F) are covered if criteria G and H are achieved:

G. Documented 10 percent weight loss over three months or less, and a serum albumin less than or equal to 3.4, and

H. A disease and clinical condition has been documented as being present and it has not responded to standard medical management, such as pharmacological agents and alteration of delivery of appropriate nutrients (i.e., failed tube trial)

Additional supportive documentation is required if:

- Caloric intake < 20, or >35 kcal/kg/day
- Protein intake <0.8, or >1.5 g/kg/day
- Dextrose is <10% final concentration
- Lipids >1500 g/month (>50g/day 10% or 20%)
- TPN infusion is <7 days per week
- A need for special nutrients-hepatic, renal or other