





## **Medicare Criteria for TPN Coverage**

- 1. Patient has a condition that significantly **impairs absorption** of nutrients **OR** has a **severe motility disorder**.
- 2. The condition is permanent (or anticipated to last for at least 3 months).
  - A. Massive small bowel resection leaving less than 5 feet of small bowel, and surgery occurred within the last 3 months.
  - B. Short Bowel Syndrome
    - enteral losses exceed 50% of oral/enteral intake- requires further testing
  - C. Patient requires bowel rest for at least 3 months
    - severe pancreatitis
    - severe enteritis
    - enterocutaneous fistula; unable to place FT below fistula
  - D. Complete small bowel obstruction and surgery not an option
    - Provide scans, reports to support this
  - E. Severe Malabsorption
    - 10% weight loss in past 3 months
    - albumin <3.5
    - 72-hr Fecal fat test
  - F. Motility disorder
    - 10% weight loss in past 3 months
    - albumin <3.5
    - maximum doses of motility meds not effective enough
    - daily n/v
    - diagnostic test, i.e. small bowel follow through
  - G/H. Less severe conditions (absorption/motility/obstruction)
    - 10% weight loss in past 3 months
    - albumin < 3.5
    - changing diet/enteral formula not effective enough
    - changing med not helpful enough to maintain wt/strength
    - failed feeding tube trial

<sup>\*</sup>Patient must meet Criterias 1 and 2, and one of the lettered criteria.