HOME INFUSION SPECIALTY PHARMACY NUCLEAR PHARMACY

Medicare Coverage for Home Parenteral Nutrition

Table 1. Medicare Checklist for Determination of Coverage for Home Parenteral Nutrition

Section 1.
All Patients must meet 1 and either **2a** or **2b** in **Section 1**.

1. The patient will require PN for a minimum of 90 days. Documentation by the attending physician must be in the medical record prior to discharge. PN will be denied as non-covered in situations involving temporary impairments.
2. The patient must have:
    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 to support the clinical diagnosis.

Section 2.
In addition to Section 1, patients must meet any **one** of **A – F**, **OR**, All of Section 3. Below

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.
B. The patient has a short bowel syndrome that is severe enough that the patient has net gastrointestinal fluid and electrolyte malabsorption evidenced by:
    1. Electrolyte malabsorption and abnormalities **AND**
    2. GI Fluid intake of 2.5-3 L/day resulting in enteral losses that exceed 50% of the oral/enteral intake AND 3. Urine output of < 1 L/day
C. Patient requires bowel rest for at least 3 months and is receiving intravenously 20-35 cal/kg/day for:
    1. Symptomatic pancreatitis with or without pancreatic pseudocyst **OR**
    2. Severe exacerbation of regional enteritis **OR**
    3. Proximal enterocutaneous fistula where tube feeding distal to the fistula is not possible
D. Patient has COMPLETE mechanical small bowel obstruction where surgery is not an option.
E. Patient is malnourished and has severe fat malabsorption as evidenced by:
    1. 10% weight loss < 3 months **AND**
    2. Serum albumin 3.4gm/dl **AND**
    3. Severefatmalabsorptionwherefecalfatexceeds50%oforal/enteralintakeonadietofatleast50gms of fat/day as measured by a standard 72-hour fecal fat test
F. Patient is significantly malnourished and has a severe motility disturbance as evidenced by:
    1. 10% documented weight loss over < 3 months **AND**
    2. Serum albumin 3.4gm/dl **AND**
    3. Severe motility disturbance of the small intestine and/or stomach that is unresponsive to prokinetic medications and is demonstrated scintigraphically or radiographically. These studies must be performed when the patient is not acutely ill and is not on any medication which would decrease bowel motility (see reference below (2) for more specific detail for Situation F)

Medicare Coverage for Home Parenteral Nutrition

Section 3.

Patients who **do not** meet criteria A-F but have a moderate abnormality of A-F in Section 2 **must** meet criteria 1 and 2, **PLUS** G and H.

1. Modification of the nutrient composition of the enteral diet (i.e., 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.) **AND**

G. The patient is malnourished (10% documented 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).

Adapted from: Parenteral Nutrition LCD L33798, Policy Article A52515; CMS Pub. 100-03 (National Coverage Determinations Manual), Chapter 1, Section 180.2, October 2015 (2).

Table 2. Documentation Required by Medicare (Adapted from DMERC Region D 2006[1])

Situation A	Situation B	Situation C
Massive Small Bowel Resection	Short Bowel Syndrome	Bowel Rest (Pancreatitis, Enterocutaneous fistula (ECF) or Severe Regional Enteritis/ Crohn's Disease)
Medical Records Should Document • Date of surgery • Details of surgery • How much small bowel is remaining beyond the ligament of Treitz • Estimated length of need for HPN	**Medical Records Should Document** • Cause of short bowel syndrome • 24 hour I & O documenting oral/enteral intake; stool output and urine output • Electrolyte abnormalities upon admission • Estimated length of need for HPN	**Medical Records Should Document** • One of the above diagnoses that requires bowel rest • If ECF, statement that tube feeding distal to the fistula is not possible • How long the attending MD anticipates the pt will need bowel rest
Suggested Records 1) Admission H&P 2) Operative report 3) Progress notes 4) Discharge summary	**Suggested Records** 1) Admission H&P 2) Progress notes 3) Discharge summary 4) Operative reports 5) 24 hour Intake & Output records 6) Diagnostic test results a. Serum electrolytes b. Other pertinent tests	**Suggested Records** 1) Admission H&P 2) Progress notes 3) Discharge summary 4) Diagnostic test results

Medicare Coverage for Home Parenteral Nutrition

Table 2. Documentation Required by Medicare (continued)

Situation D	Situation E	Situation F	Situation G & H
Complete Mechanical Small Bowel Obstruction	Severe Malabsorption	Severe Motility Disturbance	Other Qualifying Condition and Failed Tube Trial
Medical Records Should Document • Presence of complete small bowel obstruction (radiographic reports) • Surgical options if any • Estimated length of need for HPN	**Medical Records Should Document** • Cause of malabsorption • 3 month weight history (weight on admission compared to documented weight 3 months ago) • Serum albumin less than normal • 72 hour fecal fat test results documenting fat malabsorption of > 50% of fat intake via calorie counts documenting high fat diet	**Medical Records Should Document** • Etiology of motility disturbance • 3 month weight history (weight on admission compared to documented weight 3 months ago) • Serum albumin less than normal • Prokinetic medication history • Nuclear isotope or x-ray motility study	**Medical Records Should Document** • 3 month weight history (weight on admission compared to documented weight 3 months ago) • Serum albumin less than normal • The diagnosed "moderate abnormality" per Medicare policy • Enteral tube feeding trial(s) (see Table 4)
Suggested Records 1) Admission H&P 2) Progress notes 3) Discharge summary 1) Diagnostic test results 4) Operative reports	**Suggested Records** 1) Admission H&P 2) Progress notes 3) Discharge summary 4) Diagnostic test results a. Serum albumin b. 72 hour fecal fat results c. Other pertinent tests d. Nutrition assessment e. Weight history	**Suggested Records** 1) Admission H&P 2) Progress notes 3) Discharge summary 4) Diagnostic test results a. Serum albumin b. Small bowel motility (the criteria does not specify) c. Nutritional assessment d. Medication records e. Weight history	**Suggested Records** 1) Admission H&P 2) Progress notes 3) Discharge summary 4) Operative reports 5) Diagnostic test results a. Details of enteral trial (see Table 4) b. Nutritional assessment c. Medication records d. Weight history

1. http:/nhia.org/Members/Medicare_AAD/documentation.cfm; https://med.noridianmedicare.com/web/jddme/policies/lcd/archived-retired/retired-icd-9-lcds-and-articles/parenteral-nutrition.

Allen P. Medicare Coverage for Home Parenteral Nutrition - An Oxymoron? Part I. Practical Gastroenterology. 2016;Dec(12)34. Available at: http://www.ginutrition.virginia.edu/ under nutrition articles.

Medicare Coverage for Home Parenteral Nutrition

Table 4. Medicare's Definition of an Enteral Tube Trial for Situations G and H2

- 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 with documented placement of a tube in the post-pyloric area that 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).