

REIMBURSEMENT POLICY

Total Parenteral Nutrition (TPN) Billing

Active

Policy Number:	General Coding - 012
Policy Title:	Total Parenteral Nutrition Billing
Section:	General Coding
Effective Date:	05/01/17

Description

Total parenteral nutrition (TPN) may be considered medically necessary for individuals whose alimentary tract does not adequately function to permit enteral feeding through either oral or tube feedings.

Definitions

Total parenteral nutrition, also known as TPN or hyperalimentation, is a method to provide nutritional requirements through intravenously administered fluids, bypassing the gastrointestinal tract. The infused fluid provides most of the nutrients that are needed by the body, frequently including glucose, amino acids, essential fatty acids, vitamins, dietary minerals and salts.

Policy Statement

Indications for parenteral nutrition include **ANY ONE** of the following, but are not limited to:

- Inflammatory bowel syndrome; **or**
- Intestinal obstruction from carcinomatosis; **or**
- Massive bowel resection; **or**
- Mesenteric infarction; **or**
- Motility disorder (pseudo-obstruction); **or**
- Radiation enteritis; **or**
- Short bowel syndrome; **or**
- Gastrointestinal Fistula; **or**
- Trauma sustained to intra-abdominal organ; **or**
- Gastrointestinal Transplantation.

Devices for TPN administration that are dispensed to an individual prior to intravenous line placement for hyperalimentation are not medically necessary.

Included in the TPN per diem

Standard Products included in the TPN per diem codes (S9364–S9368) are the following:

- Non-specialty amino acids (for example, Aminosyn[®], FreAmine[®], Travasol[®])
- Concentrated dextrose (for example, D10, D20, D50, D60, D70)
- Sterile water
- Electrolytes (for example, CaCl₂, KCl, KPO₄, MgSO₄, NaAc, NaCl, NaPO₄)
- Standard multi-trace element solutions (for example, MTE4, MVE5, MVE7)
- Standard multivitamin solutions (for example, MVI-12 or MVI-13)

Not included in the TPN per diem

Additional ingredients not included in the TPN per diem are the following:

- Specialty amino acids for renal failure (for example, Aminoess[®], Aminosyn-RF[®], NephroAmine[®], RenAmin[®])
- Specialty amino acids for hepatic failure (for example, HepatAmine[®])
- Specialty amino acids for high stress conditions (for example, Aminosyn-HBC[®], BrachAmin, FreAmine HBC[®], Premasol[®], TrophAmine[®])
- Specialty amino acids with concentrations of 15% and above when medically necessary for fluid restricted patients (for example, aminosyn[®] 15%, Clinisol[®] 15, Novamine[®] 15%, Prosol[®] 20%)
- Lipids (for example, Intralipid[®], Liposyn[®]).
- Added trace elements not from a standard multi-trace element solution (for example, chromium, copper, iodine, manganese, selenium, zinc)
- Added vitamins not from a standard multivitamin solution (for example, folic acid, vitamin C, vitamin K)
- Products serving non-nutritional purposes (for example, heparin, insulin, iron dextran, Pepcid[®], Sandostatin[®], Zofran[®])

Use the appropriate TPN HCPCS code(s) for additional ingredients that are not included in the standard TPN formula. Lipids are currently covered under B4185.

Parenteral Services, Accessories and Supplies

Accessories and/or supplies that are used directly with parenteral systems to achieve therapeutic benefit or assure proper functioning of the feeding system and are eligible durable medical equipment may be considered medically necessary, including but not limited to:

- Catheter caps
- Concentrated nutrients
- Dressing kits for central **or** PICC lines
- Extension tubing
- Supplies for restoration of catheter patency or declotting
- Saline/Heparin Flush Syringes
- Filters
- Infusion bottles TPN fluid (as ordered by physician)
- IV pole

- Needles
- Infusion pumps
- Tape, alcohol swabs, and skin prep
- Volumetric monitors (parenteral only)
- Homecare visits.

Note that coverage of the above durable medical equipment and supplies are not limited to parenteral nutrition billing.

Documentation Submission

Documentation must identify services and describe the drug(s) provided. If an unlisted code is submitted, a narrative, as well as the NDC number of the drug, must be submitted. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Coverage would be subject to the subscriber's contract benefits.

The following applies to all claim submissions.

All coding and reimbursement are subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event any new codes are developed over the course of the Provider's Agreement, such new codes will be reimbursed according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated, if appropriate, using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT / HCPCS Modifier:	N/A
ICD Diagnosis:	N/A
ICD Procedure:	N/A



HCPCS: B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, J3490, S9364, S9365, S9366, S9367, S9368, S5497, S5498, S5501, S5502

Revenue Codes: N/A

Deleted Codes: N/A

Policy History

Initial Committee Approval Date: March 15, 2017

Code Update: N/A

Policy Review Date: March 4, 2019

Cross Reference: RP-General Coding-031 – Home Infusion

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