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Dear Physician,

Parenteral Nutrition is the administration of nutritional components intravenously when the patient has an inoperative or malfunctioning digestive tract. Parenteral nutrition is eligible for coverage under the Prosthetic Device benefit (Social Security Act §1861(s)(8)) if the digestive tract is deemed to be permanently inoperative. Prosthetic devices (other than dental) replace all or part of an internal body organ (including contiguous tissue) or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ. Coverage of parenteral nutrition does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the medical record, including the judgment of the treating practitioner, indicates the condition is of *long and indefinite duration*, the test of permanence is considered met.

When nutritional support other than the oral route is necessary, enteral nutrition (EN) is usually initially preferable to parenteral nutrition for the following reasons:

1. In a fluid restricted beneficiary, EN permits delivery of all necessary nutrients in a more concentrated volume than parenteral nutrition;
2. EN allows for safer home delivery of nutrients; and,
3. EN lowers the risk of Central Line-Associated Bloodstream Infections (CLABSI).

For parenteral nutrition to be considered reasonable and necessary, the treating practitioner must document that enteral nutrition has been considered and ruled out, tried and been found ineffective, or that EN exacerbates gastrointestinal tract dysfunction. The beneficiary must have:

a. 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 and absorbed by the gastrointestinal (GI) system.

The treating practitioner is required to evaluate the beneficiary within 30 days prior to initiation of parenteral nutrition. If the treating practitioner does not see the beneficiary within this timeframe, they must document the reason why and describe what other monitoring methods were used to evaluate the beneficiary's parenteral nutrition needs. There must be documentation in the medical record supporting the clinical diagnosis.

Nutrients:

A total caloric daily intake of 20-35 cal/kg/day is considered reasonable and necessary to achieve or maintain appropriate body weight. The treating practitioner must document the medical necessity for a caloric intake outside this range for an individual beneficiary.

The treating practitioner must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day (HCPCS codes B4168, B4172, B4176, B4178), dextrose concentration less than 10% (HCPCS codes B4164, B4180), or lipid use per month in excess of the product-specific, FDA-approved dosing recommendations (HCPCS codes B4185, B4187).

Special nutrient formulas, HCPCS codes B5000, B5100, and B5200 are produced to meet the unique nutrient needs for specific disease conditions. The beneficiary's medical record must adequately document the specific condition and the necessity for the special nutrient.

Standard Written Order:

A standard written order (SWO) must be in the DME supplier's possession before they can submit claims for parenteral nutrition and related administration supplies to the Medicare program. A valid standard written order contains the following elements:

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
- General description of the item - The description can be either a general description (e.g., catheter), a HCPCS code, a HCPCS code narrative, or a brand name/model number
- Quantity to be dispensed, if applicable
- Treating practitioner name or NPI
- Treating practitioner's signature

Finally, your patient's DME supplier may ask you to provide the documentation from your medical records on a routine basis to assure that Medicare will continue to pay for these items and that your patient will not be held financially liable. Providing this documentation is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. No specific authorization is required from your patient. Also note that you may not charge the supplier or the beneficiary to provide this information.

This summary is not intended to replace the written law, regulations, national coverage determinations (NCDs), or local coverage determinations (LCDs). Coverage, coding and documentation requirements are found in the Parenteral Nutrition LCD (https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=38953) and LCD-related Policy Article (https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=58836), located in the Medicare Coverage Database at https://www.cms.gov/medicare-coverage-database/search.aspx. We appreciate all your efforts in providing quality services to your Medicare patients.

Sincerely,

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