# DMERC Medicare Advisory

**April 1996**

## Page 96-145

### Issue 15

## Attention Physicians and Suppliers

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## Certificates of Medical Necessity (CMNs) Revision Delayed

The Health Care Financing Administration (HCFA) has notified the DMERCs that the implementation date of April 1, 1996 for revised Certificates of Medical Necessity has been delayed. HCFA has not announced a new implementation date at this time. As soon as a new implementation date for the revised CMNs is established, you will be notified.

In the interim, the DMERCs will accept CMNs in both versions, .01 and .02.

*Note: Electronic formats of the new CMNs are not subject to change*

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### States

- Alabama
- Arkansas
- Colorado
- Florida
- Georgia
- Kentucky
- Louisiana
- Mississippi
- New Mexico
- North Carolina
- Oklahoma
- Puerto Rico
- South Carolina
- Tennessee
- Texas
- Virgin Islands
The following DMCER Medical Policy releases include a revised DMCER Medical Policy on Enteral Nutrition, Parenteral Nutrition, External Infusion Pumps, Osteogenesis Stimulators and Pressure Reducing Support Surfaces - Group 2 only. These revised Medical Policies replace the previously issued version of each of these policies according to the effective date listed in the policy printed in this DMCER Medicare Advisory. These revised Medical Policies will also be published in the next Palmetto GBA DMEPOS Supplier Manual Revision.

Note: Significant certification changes are outlined in the Enteral/Parenteral Medical Policies which follow.

**ENTERAL NUTRITION**

**REGION C DMCER REGIONAL MEDICAL REVIEW POLICY**

**SUBJECT:** Enteral Nutrition

**HCPCS CODES:**

B4034 - Enteral feeding supply kit; syringe, per day
B4035 - Enteral feeding supply kit; pump fed, per day
B4036 - Enteral feeding supply kit; gravity fed, per day
B4081 - Nasogastric tubing with stylet
B4082 - Nasogastric tubing without stylet
B4083 - Stomach tube - Levine type
B4084 - Gastrostomy/Jejunostomy tubing
B4085 - Gastrostomy Tube, silicone with sliding ring, each
B4150 - Enteral formulae; category I; semi-synthetic intact protein/isolates (e.g., Enrich, Ensure, Ensure HN, Ensure Powder, Isocal, Lonaelac Powder, Mentene, Meritene Powder, Osmolite, Osmolite HN, Portagen Powder, Sustacal, Renu, Sustagen Powder, Trasorosb) 100 calories = 1 unit
B4151 - Enteral formulae; category I: natural intact protein/protein isolates (e.g., Compleat B, Vitaneed, Compleat B Modified) 100 calories = 1 unit
B4152 - Enteral formulae; category II: intact protein/protein isolates (calorically dense) (e.g., Magnacal, Isocal HCN, Sustacal HC, Ensure Plus, Ensure Plus HN) 100 calories = 1 unit
B4153 - Enteral formulae; category III: hydrolyzed protein/amino acids (e.g., Criticare HN, Vivonex T.E.N. (Total Enteral Nutrition), Vivonex HN, Vital (Vital HN), Travasorb HN, Isotein HN, Precision HN, Precision Isotonic) 100 calories = 1 unit
B4154 - Enteral formulae; category IV: defined formula for special metabolic need, (e.g., Hepatic-Aid, Travasorb HEPATIC, Travasorb MCT, AminAid) 100 calories = 1 unit
B4155 - Enteral formulae; category V: modular components (protein, carbohydrates, fat) (e.g., Propac, Gerval Protein, Promix, Casein, Moducal, Controlyte, Polycose liquid or powder, Sumacal, Microlipids, MCT Oil, Nutrition source) 100 calories = 1 unit
B4156 - Enteral formulae; category VI: standardized nutrients Vivonex STD., Travasorb STD. Precision LR and Tolerex) 100 calories = 1 unit
B9000 - Enteral nutrition infusion pump - without alarm
B9002 - Enteral nutrition infusion pump - with alarm
B9998 - NOC for enteral supplies
E0776 - IV pole
K0147 - Gastrostomy tube, silicone with sliding ring
XX030 - Category IV enteral product, 100 calories = 1 unit, Accupep HFP
XX031 - Category IV enteral product, 100 calories = 1 unit, AminAid
XX032 - Category IV enteral product, 100 calories = 1 unit, Entera OPD
XX033 - Category IV enteral product, 100 calories = 1 unit, Glucerna
XX034 - Category IV enteral product, 100 calories = 1 unit, Hepatic Aid
XX035 - Category IV enteral product, 100 calories = 1 unit, Impact
XX036 - Category IV enteral product, 100 calories = 1 unit, Impact with Fiber
XX037 - Category IV enteral product, 100 calories = 1 unit, Immun-Aid
XX038 - Category IV enteral product, 100 calories = 1 unit, Lipisorb
XX039 - Category IV enteral product, 100 calories = 1 unit, Nepro
XX040 - Category IV enteral product, 100 calories = 1 unit, Replete
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XX044 - Category IV enteral product, 100 calories = 1 unit, Peptamen
XX045 - Category IV enteral product, 100 calories = 1 unit, Perative
XX046 - Category IV enteral product, 100 calories = 1 unit, Pregestimil
XX047 - Category IV enteral product, 100 calories = 1 unit, Protain XL
XX048 - Category IV enteral product, 100 calories = 1 unit, Provide
XX049 - Category IV enteral product, 100 calories = 1 unit, Pulmocare
XX050 - Category IV enteral product, 100 calories = 1 unit, Reabilan HN
XX051 - Category IV enteral product, 100 calories = 1 unit, Spulena
XX052 - Category IV enteral product, 100 calories = 1 unit, Stresslein
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XX054 - Category IV enteral product, 100 calories = 1 unit, Trivasorb Hepatic
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XX056 - Category IV enteral product, 100 calories = 1 unit, Trivasorb Renal
XX057 - Category IV enteral product, 100 calories = 1 unit, Vivenex T.E.N.
XX058 - Category V enteral product, 100 calories = 1 unit, Casec
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XX068 - Category IV enteral product, 100 calories = 1 unit, Diabetisource
XX069 - Category IV enteral product, 100 calories = 1 unit, Isosource VHN
XX070 - Category IV enteral product, 100 calories = 1 unit, L-Emental Plus
XX071 - Category IV enteral product, 100 calories = 1 unit, Sandosource Peptide
XX072 - Category IV enteral product, 100 calories = 1 unit, Pro-Peptide
XX073 - Category IV enteral product, 100 calories = 1 unit, Peptamen VHP
XX074 - Category IV enteral product, 100 calories = 1 unit, Impact 1.5
XX075 - Category IV enteral product, 100 calories = 1 unit, Renalcal
XX076 - Category IV enteral product, 100 calories = 1 unit, Pro-Peptide VHN

REFERENCE: Coverage Issues Manual 65-10

BENEFIT CATEGORY: Prosthetic Device

DEFINITION: Enteral nutrition is the provision of nutritional requirements through a tube into the stomach or small intestine.

HCPCS MODIFIERS:
XA - IV pole used in conjunction with parenteral or enteral nutrition
ZY - Potentially noncovered item or service billed for denial or at beneficiary's request (not to be used for medical necessity denials).

COVERAGE AND PAYMENT RULES:

General:

Enteral nutrition is covered for a patient who has (a) permanent nonfunction or disease of the structures that normally permit food to reach the small bowel or (b) disease of the small bowel which impairs digestion and absorption of an oral diet, either of which requires tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the patient's overall health status.

The patient must have a permanent impairment. Permanence does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the judgement of the attending physician, substantiated in the medical record, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Enteral nutrition will be denied as noncovered in situations involving temporary impairments.
The patient’s condition could be either anatomic (e.g., obstruction due to head and neck cancer or reconstructive surgery, etc.) or due to a motility disorder (e.g., severe dysphagia following a stroke, etc.). Enteral nutrition is noncovered for patients with a functioning gastrointestinal tract whose need for enteral nutrition is due to reasons such as anorexia or nausea associated with mood disorder, end-stage disease, etc.

The patient must require tube feedings to maintain weight and strength commensurate with the patient’s overall health status. Adequate nutrition must not be possible by dietary adjustment and/or oral supplements. Coverage is possible for patients with partial impairments - e.g. a patient with dysphagia who can swallow small amounts of food or a patient with Crohn’s disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption.

Enteral nutrition products that are administered orally and related supplies are noncovered.

If the coverage requirements for enteral nutrition are met, medically necessary nutrients, administration supplies, and equipment are covered.

No more than one month’s supply of enteral nutrients, equipment or supplies is allowed for one month’s prospective billing. Claims submitted retroactively, however, may include multiple months.

The ordering physician is expected to see the patient within 30 days prior to the initial certification. If the physician did not see the patient within this timeframe, he/she must document the reason why and describe what other monitoring methods were used to evaluate the patient’s enteral nutrition needs.

Enteral nutrition provided by a skilled nursing facility (SNF) to a Part A covered patient is billed by the SNF to the fiscal intermediary. No payment from Part B is available to a SNF when the SNF furnishes enteral nutrition services to a beneficiary in a stay covered by Part A. However, enteral nutrition provided by an outside supplier to a Part A covered patient is eligible for Part B coverage and is billed to the DMERC. Furthermore, if a beneficiary is not covered by Part A, enteral nutrition is eligible for coverage under Part B and is billed to the DMERC regardless of whether it is furnished by a SNF or an outside supplier.

**Nutrients:**

Enteral formulas consisting of semi-synthetic intact protein/protein isolates (B4150) are appropriate for the majority of patients requiring enteral nutrition. Formulas consisting of natural intact protein/protein isolates, code B4151, are covered for patients with an allergy or intolerance to semi-synthetic formulas (B4150). Calorically dense formulas (B4152) are covered if they are ordered and are medically necessary. The medical necessity for special enteral formulas (products other than B4150 or B4152) will need to be justified in each patient. If the medical necessity for these formulas is not substantiated, payment will be based on the allowance for the least costly alternative, usually code B4150.

Baby food and other regular grocery products that can be blenderized and used with the enteral system will be denied as noncovered.

A total daily caloric intake of 20-35 cal/kg/day is considered sufficient to achieve or maintain appropriate body weight in most patients. The ordering physician must document in the medical record the medical necessity for a caloric intake outside this range in an individual patient. This information must be available to the DMERC on request.

**Equipment and Supplies:**

Enteral nutrition may be administered by syringe, gravity, or pump. Some enteral patients may experience complications associated with syringe or gravity method of administration. If a pump (B9000-B9002) is ordered, there must be documentation accompanying the CMN to justify its use (e.g. gravity feeding is not satisfactory due to reflux and/or aspiration, severe diarrhea, dumping syndrome, administration rate less than 100 ml/hr, blood glucose fluctuations, circulatory overload). If the medical necessity of the pump is not documented, the pump will be denied as not medically necessary.

The feeding supply kit (B4034-B4036) must correspond to the method of administration. If a pump supply kit (B4035) is ordered and the medical necessity of the pump is not documented, payment will be based on the allowance for the least costly alternative, B4036.

More than three nasogastric tubes (B4081-B4083), or one gastrostomy or jejunostomy tube (B4084, B4085, K0147) every three months is rarely medically necessary.
CODING GUIDELINES:

When enteral nutrition is covered, dressings used in conjunction with a gastrostomy or enterostomy tube are included in the supply kit code (B4034-B4036) and should not be billed separately using dressing codes.

Categories of enteral nutrition are based on the composition and source of ingredients in each enteral nutrient product. A supplier wanting to know which code to use for a particular product may contact the Statistical Analysis DME Regional Carrier (SADMERC) - Palmetto Government Benefits Administrators.

When an IV pole (E0776) is used for enteral nutrition administered by gravity or a pump, the YA modifier should be added to the code.

Code K0147 is invalid for claims with dates of service on or after January 1, 1996; code B4085 should be used instead.

DOCUMENTATION:

With initial claims for enteral nutrition formulas, pumps and IV poles, a certificate of medical necessity (CMN) must be submitted to the DMERC. Section B of the CMN for enteral nutrition may be completed by someone other than the ordering physician, so long as it is not anyone in a financial relationship with the supplier. However, the CMN must be reviewed for the accuracy of the information and signed and dated by the ordering physician to indicate agreement. The CMN for enteral nutrition is DMERC 10.

Regularly scheduled recertifications are no longer necessary with the effective date of this policy. However, recertifications may be requested on an individual basis at the discretion of the DMERC.

A new Initial Certification would be required when (1) a formula billed with a different code which has not been previously certified is ordered, or (2) enteral nutrition services are resumed after they have not been required for two consecutive months.

A Revised Certification would be required when, for a formula which has been previously certified, (1) the number of calories per day is changed, or (2) number of days per week administered is changed, or (3) the method of administration (syringe, gravity pump) changes, or (4) route of administration is changed from tube feedings to oral feedings (if billing for denial).

The Initial Certification must be accompanied by adequate documentation to support the medical necessity of the following orders, if applicable:

1) the need for special nutrients (products other than B4150 or B4152),
2) the need for a pump.

If a supplier is billing for items that are noncovered, this must be indicated on the claim. The recommended way of doing this is to add the ZY modifier to the code. If ZY is used, a brief description of the reason for noncoverage should be included (e.g. B4150ZY - nutrient given orally; no tube).

When a certification is required, the claim must include a copy of the CMN if filed hard copy. If the claim is filed electronically, the information on the CMN must be transcribed exactly into the GUØ record. (See DMEPOS National Standard Format Matrix for details.) The HAØ record can be used for additional narrative documentation that will not fit on the GUØ record.

Refer to the Supplier Manual for more information on orders, CMN's, medical records, and supplier documentation.

EFFECTIVE DATE: Claims received by the DMERC on or after July 1, 1996.

This is a revision to a previously published policy.
PARENTERAL NUTRITION

REGION C Dmerc Regional Medical Review Policy

Subject: Parenteral Nutrition

HCPCS Codes:

B4164 - Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - homemix
B4168 - Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - homemix
B4172 - Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - homemix
B4176 - Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - homemix
B4178 - Parenteral nutrition solution, amino acid, greater than 8.5%, (500 ml = 1 unit) - homemix
B4180 - Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml=1 unit) - homemix
B4184 - Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)
B4186 - Parenteral nutrition solution; lipids, 20% with administration set (500 ml = 1 unit)
B4189 - Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix
B4193 - Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix
B4197 - Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix
B4199 - Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix
B4216 - Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix per day
B4220 - Parenteral nutrition supply kit; premix, per day
B4222 - Parenteral nutrition supply kit; home mix, per day
B4224 - Parenteral nutrition administration kit, per day
B5000 - Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Aminosyn RF, Nephramine, Renamin - premix
B5100 - Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - Freamine HBC, Hepatamine - premix
B5200 - Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix
B5004 - Parenteral nutrition infusion pump, portable
B9006 - Parenteral nutrition infusion pump, stationary
B9999 - NOC for parenteral supplies
E0776 - IV pole

HCPCS Modifier:

XA - IV pole is used in conjunction with parenteral or enteral nutrition

Reference: Coverage Issues Manual 65-10

Benefit Category: Prosthetic Device

Definitions:

Parenteral nutrition is the provision of nutritional requirements intravenously.

Coverage and Payment Rules:

Parenteral nutrition is covered for a patient with 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.

General:

The patient must have a permanent impairment. Permanence does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the judgement of the attending physician, substantiated in the medical record, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Parenteral nutrition will be denied as noncovered in situations involving temporary impairments.
The patient 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 the GI system. There must be objective evidence supporting the clinical diagnosis.

Parenteral nutrition is noncovered for the patient with a functioning gastrointestinal tract whose need for parenteral nutrition is only due to:

a) a swallowing disorder,
b) a temporary defect in gastric emptying such as a metabolic or electrolyte disorder,
c) a psychological disorder impairing food intake such as depression,
d) a metabolic disorder inducing anorexia such as cancer,
e) a physical disorder impairing food intake such as the dyspnea of severe pulmonary or cardiac disease,
f) a side effect of a medication.
g) renal failure and/or dialysis

In order to cover intradialytic parenteral nutrition (IDPN), documentation must be clear and precise to verify that the patient suffers from a permanently impaired gastrointestinal tract and that there is insufficient absorption of nutrients to maintain adequate strength and weight. Records should document that the patient cannot be maintained on oral or enteral feedings and that due to severe pathology of the alimentary tract, the patient must be intravenously infused with nutrients. Infusions must be vital to the nutritional stability of the patient and not supplemental to a deficient diet or deficiencies caused by dialysis. Physical signs, symptoms and test results indicating severe pathology of the alimentary tract must be clearly evident in any documentation submitted. Patients receiving IDPN must meet the parenteral nutrition coverage criteria listed below.

Maintenance of weight and strength commensurate with the patient’s overall health status must require intravenous nutrition and must not be possible utilizing all of the following approaches:

1) modifying the nutrient composition of the enteral diet (e.g. 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.).

Parenteral nutrition is covered in any of the following situations:

A) The patient has undergone recent (within the past 3 months) massive small bowel resection leaving ≤ 5 feet of small bowel beyond the ligament of Treitz, or

B) The patient has a short bowel syndrome that is severe enough that the patient has net gastrointestinal fluid and electrolyte malabsorption such that on an oral intake of 2.5-5 liters/day the enteral losses exceed 50% of the oral/enteral intake and the urine output is < 1 liter/day, or

C) The patient requires bowel rest for at least 3 months and is receiving intravenously 20-35 cal/kg/day for treatment of symptomatic pancreatitis with/without pancreatic pseudocyst, severe exacerbation of regional enteritis, or a proximal enterocutaneous fistula where tube feeding distal to the fistula isn’t possible, or

D) The patient has complete mechanical small bowel obstruction where surgery is not an option, or

E) The patient is significantly malnourished (10% weight loss over 3 months or less and serum albumin ≤ 3.4 gm/DL) and has very severe fat malabsorption (fecal fat exceeds 50% of oral/enteral intake on a diet of at least 50 gm of fat/day as measured by a standard 72 hour fecal fat test), or

F) The patient is significantly malnourished (10% weight loss over 3 months or less and serum albumin ≤ 3.4 gm/DL) and has a severe motility disturbance of the small intestine and/or stomach which is unresponsive to prokinetic medication and is demonstrated either (1) scintigraphically (solid meal gastric emptying study demonstrates that the isotope fails to reach the right colon by 6 hours following ingestion), or (2) radiographically (barium or radiopaque pellets fail to reach the right colon by 6 hours following administration). These studies must be performed when the patient is not acutely ill and is not on any medication which would decrease bowel motility.

Unresponsiveness to prokinetic medication is defined as the presence of daily symptoms of nausea and vomiting while taking maximal doses.
For criteria A-F above, the conditions are deemed to be severe enough that the patient would not be able to maintain weight and strength on only oral intake or tube enteral nutrition.

Patients who do not meet criteria A-F above must meet criteria 1-2 above (modification of diet and pharmacologic intervention) plus criteria G and H below:

G) The patient is malnourished (10% weight loss over 3 months or less and serum albumin ≤ 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).

The following are some examples of moderate abnormalities which would require a failed trial of tube enteral nutrition before parenteral nutrition would be covered:

♦ moderate fat malabsorption (fecal fat exceeds 25% of oral/enteral intake on a diet of at least 50 gm of fat/day as measured by a standard 72 hour fecal fat test)

♦ diagnosis of malabsorption with objective confirmation by methods other than 72 hour fecal fat test (e.g. Sudan stain of stool, d-xylene test, etc.)

♦ gastroparesis which has been demonstrated (a) radiographically or scintigraphically as described in F above with the isotope or pellets failing to reach the jejunum in 3-6 hours, or (b) by manometric motility studies with results consistent with an abnormal gastric emptying, and which is unresponsive to prokinetic medication

♦ a small bowel motility disturbance which is unresponsive to prokinetic medication, demonstrated with a gastric to right colon transit time between 3-6 hours

♦ small bowel resection leaving > 5 feet of small bowel beyond the ligament of Treitz

♦ short bowel syndrome which is not severe (as defined in B)

♦ mild to moderate exacerbation of regional enteritis, or an enteroctaneous fistula

♦ partial mechanical small bowel obstruction where surgery is not an option

**Definition of a Tube Trial:** 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 who has had documented placement of a tube in the post-pyloric area 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).
Parenteral nutrition can be covered in a patient with the ability to obtain partial nutrition from oral/enteral (or even oral/enteral/parenteral) intake as long as the following criteria are met: 1a) a permanent condition of the alimentary tract is present which has been deemed to require parenteral therapy because of its severity (criteria A-F); or 1b) a permanent condition of the alimentary tract is present which is unresponsive to standard medical management (criterion H); and 2) the person is unable to maintain weight and strength (criterion G).

Parenteral nutrition would rarely be medically necessary for patients who do not meet these criteria but will be considered on an individual case basis if detailed documentation is submitted.

The medical necessity of continued parenteral nutrition must be recertified 6 months after the initial claim. Patients covered under criteria A or B should have documentation that adequate small bowel adaptation had not occurred which would permit tube enteral or oral feedings. Patients covered under C should have documentation of worsening of their underlying condition during attempts to resume oral feedings. Patients covered under D should have documentation of the persistence of their condition. Patients covered under E-H should have documentation that sufficient improvement of their underlying condition had not occurred which would permit discontinuation of parenteral nutrition. Coverage for these patients would be continued if the treatment had been effective as evidenced by an improvement of weight and/or serum albumin. If there had been no improvement, subsequent claims will be denied unless the physician clearly documents the medical necessity for continued parenteral nutrition and any changes to the therapeutic regimen that are planned - e.g., an increase in the quantity of parenteral nutrients provided.

If the coverage requirements for parenteral nutrition are met, medically necessary nutrients, administration supplies, and equipment are covered.

No more than one month's supply of parenteral nutrients, equipment or supplies is allowed for one month's prospective billing. Claims submitted retroactively, however, may include multiple months.

The ordering physician is expected to see the patient within 30 days prior to the initial certification or required recertification (but not revised certifications). If the physician does not see the patient within this time frame, he/she must document the reason why and describe what other monitoring methods were used to evaluate the patient's parenteral nutrition needs.

Parenteral nutrition provided by a skilled nursing facility (SNF) to a Part A covered patient is billed by the SNF to the fiscal intermediary. No payment from Part B is available to a SNF when the SNF furnishes parenteral nutrition services to a beneficiary in a stay covered by Part A. However, parenteral nutrition provided by an outside supplier to a Part A covered patient is eligible for Part B coverage and is billed to the DMERC. Furthermore, if a beneficiary is not covered by Part A, parenteral nutrition is eligible for coverage under Part B and is billed to the DMERC regardless of whether it is furnished by a SNF or an outside supplier.

Nutrients:

Parenteral nutrition solutions containing little or no amino acids and/or carbohydrates would be covered only in situations A, B, or D (above).

A total daily caloric intake (parenteral, enteral and oral) of 20-35 cal/kg/day is considered sufficient to achieve or maintain appropriate body weight. The ordering physician must document in the medical record the medical necessity for a caloric intake outside this range in an individual patient. This information must be available to the DMERC on request.

The ordering physician must document the medical necessity for protein orders outside of the range of 0.8-1.5 gm/kg/day, dextrose concentration less than 10%, or lipid use greater than 15 units of a 20% solution or 30 units of a 10% solution per month.

Special parenteral formulas (B5000-B5200) are rarely medically necessary. If the medical necessity for these formulas is not substantiated, payment will be made for the medically appropriate formula.

Equipment and Supplies:

Infusion pumps (B9004-B9006) are covered for patients in whom parenteral nutrition is covered. Only one pump (stationary or portable) will be covered at any one time. Additional pumps will be denied as not medically necessary.

When parenteral nutrition is administered in an outpatient facility, the pump used for its administration and IV pole will be denied as not separately payable. The pump and pole are not considered as rentals to a single patient but rather as items of equipment used for multiple patients.

If the coverage requirements for parenteral nutrition are met, one supply kit (B4220 or B4222) and one administration kit will be covered for each day that parenteral nutrition is administered, if such kits are medically necessary and used.
RELATED CLINICAL INFORMATION:

When nutritional support other than the oral route is needed, tube enteral nutrition is usually preferable to parenteral nutrition for the following reasons: (1) In a fluid restricted patient, tube enteral nutrition permits delivery of all necessary nutrients in a more concentrated volume than parenteral nutrition and (2) tube enteral nutrition allows for safer home delivery of nutrients.

CODING GUIDELINES:

When homemix parenteral nutrition solutions are used, the component carbohydrates (B4164, B4180), amino acids (B4168-B4178), additives (B4216), and lipids (B4184, B4186) are all separately billable. When premix parenteral nutrition solutions are used (B4189-B4199, B5000-B5200) there must be no separate billing for the carbohydrates, amino acids or additives (vitamins, trace elements, heparin, electrolytes). However, lipids are separately billable with premix solutions.

When an IV pole (E0776) is used in conjunction with parenteral nutrition, the XA modifier should be added to the code.

For codes B4189-B4199, one unit of service represents one day's supply of protein and carbohydrate regardless of the fluid volume and/or the number of bags. For example, if 60 grams of protein are administered per day in two bags of a premix solution each containing 30 grams of amino acids, correct coding is one (1) unit of B4193, not two units of B4189.

For codes B5000-B5200, one unit of service is one gram of amino acid.

Parenteral nutrition solutions containing less than 10 grams of protein per day are coded using the miscellaneous code B9999.

DOCUMENTATION:

The Certificate of Medical Necessity (CMN) for parenteral nutrition may be completed by someone other than the ordering physician. The person completing the information on the form may not be the supplier. However the CMN must be reviewed for the accuracy of the information and signed and dated by the ordering physician to indicate agreement. The CMN for parenteral nutrition is DMERC 10.

Additional documentation must be included with the first claim for parenteral nutrition. The type of documentation relates to which situation (A-H) in Coverage and Payment Rules, General serves as the basis for coverage. For situations A-D, the documentation should include copies of the operative report and/or hospital discharge summary and/or x-ray reports and/or physician letter which document the condition and the necessity for parenteral therapy. For situations E and H (when appropriate), include the results of the fecal fat test and dates of the test. For situations F, and H (when appropriate), include a copy of the report of the small bowel motility study and a list of medications that the patient was on at the time of the test. For situations E-H, include results of serum albumin and date of test (within 1 week prior to initiation of parenteral nutrition, PN) and a copy of a nutritional assessment by a physician, dietitian or other qualified professional within 1 week prior to initiation of PN, to include the following information:

1) current weight with date and weight 1-3 mo. prior to initiation of PN;
2) estimated daily calorie intake during the prior month and by what route (e.g. oral, tube);
3) statement of whether there were caloric losses from vomiting or diarrhea and whether these estimated losses are reflected in the calorie count;
4) description of any dietary modifications made or supplements tried during the prior month (e.g. low fat, extra medium chain triglycerides, etc.);

For situations described in H, include a statement from the physician, copies of objective studies, and excerpts of the medical record giving the following information:

1) specific etiology for the gastroparesis, small bowel dysmotility, or malabsorption;
2) a detailed description of the trial of tube enteral nutrition including the beginning and ending dates of the trial, duration of time that the tube was in place, the type and size of tube, the location of tip of the tube, the name of the enteral nutrient, the quantity, concentration, and rate of administration, and the results;
3) a copy of the x-ray report or procedure report documenting placement of the tube in the jejunum;
4) prokinetic medications used, dosage, and dates of use;
5) nondietary treatment given during prior month directed at etiology of malabsorption (e.g. antibiotic for bacterial overgrowth);