NO. 91517

PARENTERAL NUTRITIONAL THERAPY

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Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This policy addresses the medical necessity of parenteral nutritional therapy, including home parenteral nutrition (PN), total parenteral nutrition (TPN), intradialytic parenteral nutrition (IDPN), and intraperitoneal nutrition (IPN).

Related policies:

- Durable Medical Equipment No. 91110
- Enteral Nutritional Therapy No. 91278
- Home Care No. 91023
- Infusion Services and Equipment No. 91414

I. MEDICAL NECESSITY CRITERIA

A. Home Parenteral Nutrition

Inclusions:

Home parenteral nutrition may be considered medically necessary when **all** of the following criteria are met:

1. **Qualifying Gastrointestinal Condition**:

   The member has at least **one** of the following:

   a. A structural or functional gastrointestinal disorder or condition involving the small intestine and/or associated digestive organs that significantly impair digestion or absorption of nutrients, resulting in the inability to maintain adequate nutritional status, strength, or weight; **or**

   b. A disease, motility disorder or anatomic abnormality of the stomach or intestine that significantly impairs the transport of nutrients through the gastrointestinal tract and prevents adequate digestion and absorption.

      Specific examples of gastrointestinal conditions include, but are not limited to the following:

      i. Crohn's disease
      ii. Newborn infants with catastrophic gastrointestinal anomalies such as tracheoesophageal fistula, gastroschisis, omphalocele, or massive intestinal atresia
      iii. Infants and young children who fail to thrive due to short bowel syndrome, malabsorption, or chronic idiopathic diarrhea
      iv. Short bowel syndrome secondary to massive small bowel resection
      v. Prolonged paralytic ileus after major surgery or multiple injuries
      vi. Radiation enteritis
      vii. Chronic or severe acute pancreatitis when a feeding tube cannot be placed or tube feeding is not tolerated
      viii. Hyperemesis Gravidarum (severe hyperemesis during pregnancy) when a feeding tube cannot be placed or tolerated.
      ix. Obstruction secondary to stricture or neoplasm of the esophagus or stomach, where a feeding tube cannot be placed beyond the obstruction
      x. Small bowel obstruction that cannot be bypassed by a feeding tube

xi. Malabsorption due to enterocolic, enterovesical, or enterocutaneous fistulas (parenteral nutrition being temporary until the fistula is repaired)
xii. Motility disorder (pseudo-obstruction)
xiii. Hematopoietic Cell Transplantation (HCT) recipients who have a contraindication to feeding tube placement and/or cannot tolerate or meet most of their nutritional needs via enteral feeding.

2. **Nutritional Impairment**

The member has at least **one** of the following:

- **a.** Greater than 10% unintentional loss of body weight within three months; **or**
- **b.** Clinical evidence of malnutrition or nutritional risk documented by the treating provider, including but not limited to:
  - i. Significant weight loss
  - ii. Inadequate nutrient intake
  - iii. Loss of muscle mass
  - iv. Loss of subcutaneous fat; or
  - v. Other validated nutritional assessment findings.

3. **Failure of Oral, Enteral, or Medical Management**

The member meets **all** of the following:

- **a.** Oral intake is not feasible or is insufficient to meet nutritional requirements; and
- **b.** Enteral nutrition is not feasible, is not tolerated, is contraindicated, or is insufficient to meet nutritional requirements, or a feeding tube trial has been unsuccessful; and
- **c.** Pharmacologic treatment directed at the underlying condition has been unsuccessful, is contraindicated, or is not clinically appropriate when such treatment exists (e.g., pancreatic enzymes, botulinum toxin for gastroparesis***- See Limitations section below**).

Limitations:

The following limitations apply:

1. **Prior Authorization Period:**
   - **a.** Initial authorization will not exceed three months, and continuing authorization is required at least every three months
2. **Gastroparesis***

a. *Note: Botulinum toxin injection and total parenteral nutrition (TPN) will not be authorized concurrently for the treatment of gastroparesis.

Exclusions:

Home parenteral nutrition is considered **not** medically necessary in circumstances including, but not limited to, the following:

1. Nutritional support to increase protein or caloric intake in addition to the patient's member's daily diet;
2. Nutritional support for routine preoperative and/or postoperative care;
3. Adequate nutrition can be provided through oral intake or enteral nutrition.
4. The member has a functional gastrointestinal tract (GI) tract, capable of adequate nutrient absorption, and the need for nutritional support is primarily related to one or more of the following:
    a. Disorders inducing anorexia (e.g., cancer);
    b. Swallowing disorders (e.g., dysphagia);
    c. Temporary defect in gastric emptying (e.g., metabolic or electrolyte disorder);
    d. Psychological disorders impairing food intake (e.g., depression, anorexia nervosa);
    e. Physical disorders impairing food intake (e.g., dyspnea of severe pulmonary or cardiac disease);
    f. Medication side effects;
    g. Renal failure or dialysis
    h. Cannabinoid Hyperemesis Syndrome (CHS)
5. Intravenous hydration, vitamin infusion, nutrient infusion, wellness, recovery, or similar therapies provided primarily for general health maintenance, wellness, lifestyle enhancement, athletic performance, fatigue, hangover relief, immune support, or other non-medical purposes are not medically necessary and are excluded from coverage.
6. Services marketed directly to consumers that are not prescribed as part of a physician-directed plan of care, are intended primarily for wellness or lifestyle purposes, or are not provided for the treatment of a covered medical condition are not medically necessary.

B. Home Parenteral Nutrition Supplies and Equipment:

1. If medical necessity criteria for home parenteral nutrition are met, medically necessary nutrients, administration supplies, infusion pumps, and related equipment required for parenteral nutrition administration are considered medically necessary.

2. Home parenteral infusion pumps, supplies, and equipment are subject to the terms, conditions and limitations of the members applicable Durable Medical Equipment (DME) benefit. Refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

C. Intradialytic Parenteral Nutrition (IDPN), including Intraperitoneal Nutrition (IPN)

Inclusions:

Intradialytic parenteral nutrition (IDPN), including intraperitoneal nutrition (IPN), may be considered medically necessary when **all** of the following apply:

1. The member meets criteria for total parenteral nutrition (TPN) as outlined in Section "A" above; and
2. Member has end stage renal disease (ESRD) requiring maintenance dialysis; and
3. The member has evidence of protein-energy wasting or malnutrition demonstrated **by one** or more of the following:
    a. Serum albumin **< 3.5** g/dl; or
    b. Total serum protein < 6 g/dl **and** one of the following:
        i. BMI less than 18.5 kg/m2; or
        ii. Weight loss **equal to or greater than 10%** within the previous **3** months; or
        iii. BMI < 20 kg/m2 and unintentional weight loss > 5% within previous 3 to 6 months.
4. The member has not achieved adequate nutritional status despite nutritional interventions, including dietary counseling, oral and enteral nutritional supplementation when clinically appropriate.

Limitations:

The following limitations apply:

1. **Prior Authorization Period:**
    a. Clinical re-evaluation is required after six months for consideration of continued treatment.

Exclusions:

Intradialytic Parenteral Nutrition (IDPN), including Intraperitoneal Nutrition (IPN) is not medically necessary unless the member meets the medical necessity criteria for Total Parenteral Nutrition (TPN).

In addition, IDPN/IPN is not medically necessary for:

1. **Acute** kidney injury without a diagnosis of end stage renal disease (ESRD).
2. IDPN treatments administered in addition to regularly scheduled TPN.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
None identified	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	LCD - Parenteral Nutrition (L38953)
First Coast Service Options, Inc.	None identified
Wellpoint Federal (formerly National Government Services, Inc.)	None identified
Noridian Healthcare Solutions	LCD - Parenteral Nutrition (L38953)
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	None identified

Note: All Medicare coverage authorization requests for Parenteral Nutrition should be submitted to the Pharmacy department. Instructions for pharmacy coverage authorization requests can be found here.

III. BACKGROUND

Parenteral Nutrition (PN)

What is PN

Parenteral Nutrition (PN), also referred to as Total Parenteral Nutrition (TPN), is the intravenous administration of amino acids, carbohydrates, lipids, electrolytes, vitamins, trace elements, and fluids when nutritional requirements cannot be met through oral intake or enteral nutrition. PN may be administered through a peripheral vein or a central venous catheter depending on the patient's nutritional requirements, anticipated duration of therapy, and vascular access.

Enteral vs. PN

Current guidance from the American Society for Parenteral and Enteral Nutrition (ASPEN) and the European Society for Clinical Nutrition and Metabolism (ESPEN) emphasizes that enteral nutrition is the preferred route of nutritional support whenever the gastrointestinal tract is functional and capable of adequate nutrient absorption. PN should be reserved for situations in which oral or enteral nutrition is contraindicated, not tolerated, or insufficient to meet metabolic and nutritional requirements (ASPEN, 2025; Worthington et al., 2017; Pironi et al., 2023).

When PN is Appropriate

According to ASPEN, PN should not be initiated solely based on a disease diagnosis. Rather, the decision to provide PN should be based on a comprehensive nutritional assessment demonstrating actual or anticipated inability to meet nutritional needs through the gastrointestinal tract. PN may be appropriate for patients with chronic intestinal failure, short bowel syndrome, severe gastrointestinal dysmotility, bowel obstruction, high-output enterocutaneous fistulas, severe malabsorptive disorders, or other conditions that prevent adequate nutrient absorption (ASPEN, 2025; Worthington et al., 2017).

Malnutrition Management

ASPEN further notes that PN plays an important role in the prevention and treatment of malnutrition when adequate oral or enteral nutrition cannot be achieved. For malnourished patients or those at significant nutritional risk, PN may be initiated when sufficient nutritional intake is not expected through oral intake or enteral feeding. In contrast, well-nourished and clinically stable patients may not require PN unless prolonged inability to meet nutritional needs is anticipated (ASPEN, 2025).

Medication Safety and Formulation Selection

Safe preparation and administration of parenteral nutrition are critical because PN formulations are complex and may be associated with prescribing, compounding, dispensing, and administration errors. The American Society for Parenteral and Enteral

Nutrition (ASPEN) and the Institute for Safe Medication Practices (ISMP) recommend the use of standardized multi-chamber bag (MCB) PN formulations when clinically appropriate to reduce compounding complexity, improve consistency of nutrient delivery, enhance medication safety, and support supply chain resiliency. Patient-specific compounded PN remains necessary when individualized nutrient requirements cannot be met with commercially available products. Selection of standardized or compounded PN should be based on the member's clinical condition, nutritional requirements, and the ability to safely meet those needs while minimizing preventable medication-related risks (ASPEN/ISMP, 2025).

Disease Specific Indications and Guidelines
The American College of Obstetricians and Gynecologists (ACOG) recommends enteral nutrition as the preferred method of nutritional support in pregnant individuals with hyperemesis gravidarum who cannot maintain adequate oral intake, with parenteral nutrition reserved for situations in which enteral feeding is not feasible or tolerated (ACOG, 2018).

Several specialty society guidelines support the use of PN in select populations. The American Gastroenterological Association (AGA) recommends enteral nutrition whenever feasible in individuals with inflammatory bowel disease and reserves PN for patients with intestinal failure, severe malabsorption, bowel obstruction, or other conditions that preclude adequate enteral feeding (Hashash et al., 2024). Likewise, ESPEN identifies home parenteral nutrition (HPN) as a life-sustaining therapy for patients with chronic intestinal failure who cannot maintain adequate nutrition and hydration through oral or enteral routes alone (Pironi et al., 2023). ESPEN recommends management by a multidisciplinary nutrition support team with ongoing monitoring for catheter-related, metabolic, and hepatic complications associated with long-term PN therapy (Pironi et al., 2023).

Additional society guidance supports individualized nutrition support in specific clinical populations. Recent ASPEN guidelines highlight the importance of nutritional assessment and nutrition support, including PN when indicated, in adults undergoing hematopoietic cell transplantation and in patients with head and neck cancer who are unable to meet nutritional requirements through oral or enteral means (Harper et al., 2026; Kiss et al., 2026). Similarly, ESPEN-ESPGHAN-ECFS guidelines recognize that some individuals with cystic fibrosis and severe intestinal complications may require supplemental PN when oral and enteral nutritional strategies fail to meet nutritional requirements (Wilschanski et al., 2024).

Cannabinoid Hyperemesis Syndrome (CHS) is characterized by recurrent episodes of nausea, vomiting, and abdominal pain associated with chronic cannabis use. The American Gastroenterological Association (AGA) recommends management focused on cannabis cessation, hydration, electrolyte replacement, and symptom-directed therapy. CHS alone is not an indication for parenteral nutrition, and nutrition support should be

based on documented gastrointestinal dysfunction and the inability to meet nutritional requirements through oral or enteral nutrition (Rubio-Tapia et al., 2024)

Intravenous Wellness, Hydration, and Nutrient Infusion Therapies
In recent years, companies have emerged that market intravenous (IV) hydration, vitamin, nutrient, and wellness therapies directly to consumers. These services are frequently provided in retail settings, through mobile services, or in the member's home, and commonly include administration of fluids, vitamins, minerals, amino acids, antioxidants, or other nutritional supplements for general wellness, energy enhancement, recovery, immune support, hangover relief, athletic performance, or similar non-medical purposes.

Unlike medically necessary parenteral nutrition, which is prescribed to treat or prevent malnutrition in individuals who cannot adequately absorb or receive nutrition through the gastrointestinal tract, IV wellness therapies are generally not intended to treat a diagnosed disease, injury, or impairment. These services often do not require a prescription, physician evaluation, or ongoing medical management. Additionally, companies providing such services commonly indicate that their products or services are not intended to diagnose, treat, cure, or prevent disease and may not be covered by health insurance.

Professional nutrition societies, including ASPEN, emphasize that parenteral nutrition is a specialized medical therapy reserved for patients with documented nutritional deficiencies, intestinal failure, malabsorption, or other conditions that prevent adequate nutrition through oral or enteral routes (ASPEN, 2025; Worthington et al., 2017). In contrast, intravenous wellness, hydration, vitamin infusion, and nutrient supplementation therapies provided for general health maintenance, wellness, convenience, lifestyle enhancement, athletic recovery, or symptom relief in the absence of a qualifying medical condition do not meet the definition of medically necessary nutrition support and are generally considered not medically necessary (ASPEN, 2025; Worthington et al., 2017).

Intradialytic Parenteral Nutrition (IDPN)
Intradialytic parenteral nutrition (IDPN) is a specialized form of supplemental parenteral nutrition administered during hemodialysis sessions for patients with end-stage renal disease (ESRD) who have documented protein-energy wasting or malnutrition. Protein-energy wasting is common in the dialysis population and is associated with increased hospitalization, morbidity, and mortality. Factors contributing to malnutrition include inadequate dietary intake, chronic inflammation, metabolic disturbances, comorbid illness, and nutrient losses associated with dialysis treatment (Ikizler et al., 2020).

The Kidney Disease Outcomes Quality Initiative (KDOQI) Clinical Practice Guideline for Nutrition in Chronic Kidney Disease recommends routine nutritional screening and assessment for patients with chronic kidney disease and ESRD. KDOQI identifies medical nutrition therapy, dietary counseling, and oral nutritional supplementation as

first-line interventions for patients with inadequate nutritional intake. More intensive nutrition support strategies should be considered only when nutritional requirements cannot be met through conventional approaches (Ikizler et al., 2020).

ASPEN's clinical guideline on nutrition support in renal disease similarly recommends that specialized nutrition support, including parenteral nutrition, be reserved for carefully selected patients who cannot achieve adequate nutrient intake through oral or enteral routes. IDPN may be considered for malnourished hemodialysis patients who continue to demonstrate inadequate caloric or protein intake despite dietary intervention and oral nutritional supplementation (Brown & Compher, 2010).

Evidence supporting IDPN remains limited. While observational studies have demonstrated improvements in nutritional parameters in selected malnourished dialysis patients, randomized clinical trials have not consistently demonstrated improvements in survival compared with intensive oral nutritional supplementation alone. Consequently, current guideline recommendations generally support IDPN as an adjunctive therapy for carefully selected patients with documented protein-energy wasting who have failed less invasive nutritional interventions rather than as routine therapy for all dialysis patients (Ikizler et al., 2020; Brown & Compher, 2010).

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
American Society for Parenteral and Enteral Nutrition (ASPEN)	Clinical guidelines: nutrition support in adult acute and chronic renal failure (2010) When Is Parenteral Nutrition Appropriate? (2017) Guidelines for nutrition in adults with head and neck cancer: The American Society for Parenteral and Enteral Nutrition (2026) Role-of-PN-in-Malnutrition.pdf (2025)
The Institute of Safe Medication Practices (ISMP)/ American Society for Parenteral and Enteral Nutrition (ASPEN)	ISMP-ASPEN-MCB-PN-Recommendations.pdf (2026) Multi-Chamber Bag Parenteral Nutrition Consensus Statements (2025)
American Society for Transplantation and Cellular Therapy	Best Practice Considerations in Nutritional Care for Adult Patients Undergoing Hematopoietic Cell Transplantation (2025)

The European Society for Clinical Nutrition and Metabolism (ESPEN)/ The European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN)/ European Cystic Fibrosis. Society (ECFS)	ESPEN-ESPGHAN-ECFS guideline on nutrition care for cystic fibrosis (2024) ESPEN practical guideline: Home parenteral nutrition (2023)
American Gastroenterological Association	AGA Clinical Practice Update on Diet and Nutritional Therapies in Patients with Inflammatory Bowel Disease: Expert Review (2024)
National Kidney Foundation (NKF)	Kidney Disease Outcomes Quality Initiative (KDOQI) clinical practice guideline for nutrition in CKD (2020)
American College of Obstetrics and Gynecology (ACOG)	ACOG Practice Bulletin: Nausea and vomiting of pregnancy-No. 189 (2018)
American Gastroenterological Association (AGA)	AGA Clinical Practice Update on Diagnosis and Management of Cannabinoid Hyperemesis Syndrome: Commentary (2024)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

VI. CODING

ICD-10 Codes that may support medical necessity

E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly) neuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly) neuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly) neuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly) neuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly) neuropathy
E46	Unspecified protein-calorie malnutrition
E64.0	Sequelae of protein-calorie malnutrition

K31.6	Fistula of stomach and duodenum
K31.84	Gastroparesis
K31.89	Other diseases of stomach and duodenum
K50.00 - K50.919	Crohn's disease
K51.012 - K51.919	Ulcerative colitis
K56.0	Paralytic ileus
K56.2	Volvulus
K56.50	Intestinal adhesions [bands] with obstruction (post procedural) (post infection)
K56.600	Unspecified intestinal obstruction
K56.690	Other intestinal obstruction
K56.7	Ileus, unspecified
K60.3	Anal fistula
K60.4	Rectal fistula
K60.5	Anorectal fistula
K63.1	Perforation of intestine (nontraumatic)
K63.2	Fistula of intestine
K63.9	Disease of intestine, unspecified
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
K91.850	Pouchitis
K91.858	Other complications of intestinal pouch
K92.9	Disease of digestive system, unspecified
K94.01	Colostomy hemorrhage
K94.09	Other complications of colostomy
K94.11	Enterostomy hemorrhage
K94.19	Other complications of enterostomy
O21.1	Hyperemesis gravidarum with metabolic disturbance
P77.1 – P77.9	Necrotizing enterocolitis in newborn
Q43.0 – Q43.9	Other congenital malformations of intestine
Q79.2	Exomphalos
Q79.3	Gastrochisis
T81.83xA - T81.83xS	Persistent post procedural fistula

CPT/HCPCS Codes

Presence of codes on this list does not guarantee coverage.

B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix

B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix
B4185	Parenteral nutrition solution, per 10 grams lipids
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g 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 g 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), home mix, 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 - Amirosyn RF, NephrAmine, RenAmine - 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- FreAmine-HBC - premix
B9004	Parenteral Nutrition Infusion Pump, Portable
B9006	Parenteral Nutrition Infusion Pump, Stationary
E0791	Parenteral infusion pump, stationary, single or multichannel
A4211	Supplies for self-administered injections
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all

necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem

S9365 Home infusion therapy, total parenteral nutrition (TPN); 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem

S9366 Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem

S9367 Home infusion therapy, total parenteral nutrition (TPN); more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem

S9368 Home infusion therapy, total parenteral nutrition (TPN); more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual.

To access InterQual guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO**: This policy applies to insured HMO/EPO plans.
- **POS**: This policy applies to insured POS plans.
- **PPO**: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO**: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL**: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE**: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

Society and Professional Guidelines

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SUMMARY OF CHANGES

Deletions:

- Removed outdated background language and references.
- Removed limitation language regarding concurrent use of botulinum toxin (Botox) and total parenteral nutrition (TPN) for gastroparesis.

Additions:

- Added exclusions for cannabinoid hyperemesis syndrome (CHS) and intravenous wellness, hydration, vitamin, and nutrient infusion therapies.
- Added medical necessity criteria for intradialytic parenteral nutrition (IDPN) requiring members to meet home parenteral nutrition criteria in addition to ESRD-related malnutrition requirements and failure of nutritional interventions.
- Added exclusions for IDPN in members with acute kidney injury without end-stage renal disease (ESRD) and for concurrent IDPN and TPN therapy.

Changes:

- Converted policy to new template.
- Updated nutritional impairment criteria for home parenteral nutrition (PN) to align with current evidence and society guidelines, replacing the serum albumin concentration less than 3.4 g/dL requirement with provider-documented clinical evidence of malnutrition or nutritional risk.
- Increased the serum albumin threshold for IDPN from less than 3.4 g/dL to less than 3.5 g/dL.
- Updated background section and references to reflect current ASPEN, ESPEN, AGA, KDOQI, ACOG, and other specialty society guidance.

Clarifications:

- Clarified qualifying gastrointestinal condition criteria by separating malabsorptive disorders from gastrointestinal motility/anatomic disorders.
- Updated policy language for clarity and consistency.
- Clarified requirements regarding failure of oral intake, enteral nutrition, and medical management prior to PN initiation.

Past committee review dates: 08/2006, 08/2007, 08/2008, 08/2009, 08/2010, 08/2011, 12/2011, 08/2012, 08/2013, 08/2014, 08/2015, 08/2016, 08/2017, 08/2018, 11/2018, 11/2019, 11/2020, 11/2021, 11/22, 11/2023, 11/2024, 08/2025, 08/2026

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