Peripheral Parenteral Nutrition (PPN)

[For the list of services and procedures that need preauthorization, please refer to www.mcs.com.pr. Go to “Comunicados a Proveedores”, and click “Cartas Circulares”.]

Medical Policy: MP-RX-09-09
Original Effective Date: July 9, 2009
Revised: November 07, 2016
New Revision: September, 2017

Related Policies:
• MP-RX-08-09 MCS Total Parenteral Nutrition (TPN)

This policy applies to products subscribed by the following corporations, MCS Life Insurance Company (Commercial), and MCS Advantage, Inc. (Classicare) and Medical Card System, Inc., provider’s contract; unless specific contract limitations, exclusions or exceptions apply. Please refer to the member’s benefit certification language for benefit availability. Managed care guidelines related to referral authorization, and precertification of inpatient hospitalization, home health, home infusion and hospice services apply subject to the aforementioned exceptions.

DESCRIPTION

Parenteral nutrition is the provision of nutrients intravenously. It is used in patients who cannot meet their nutritional goals by the oral or enteral route. When the gut is not working, parenteral nutrition is also used for long-term nutrition support in the home setting. The principle forms of parenteral nutrition are Total Parenteral Nutrition (TPN/Central) and Peripheral Parenteral Nutrition (PPN).

Total parenteral nutrition (TPN) is used to supply all daily nutritional requirements to patients who do not have a functioning gastrointestinal tract or who have disorders requiring complete bowel rest (e.g., inflammatory bowel disease, bowel obstruction, short bowel syndrome due to surgery). Depending on the medical condition’s severity, a TPN formulation may contain all or a combination of lipids, amino acids, carbohydrates, minerals, electrolytes, vitamins, and trace elements. A central venous catheter is usually required to administer TPN solutions, which are concentrated and can cause peripheral vein thrombosis.

Peripheral parenteral nutrition (PPN) is a type of parenteral nutrition that can be delivered through a peripheral intravenous catheter because it has an osmolarity lower than that of conventional parenteral nutrition. To deliver adequate nutrients, either a large volume or a high fat formulation must be infused. Frequent replacement of intravenous access is usually necessary. Despite an osmolarity lower than conventional parenteral nutrition, PPN is still quite hyperosmolar and irritating to the peripheral veins. PPN is rarely prescribed because of the uncertain clinical benefit of short-term parenteral nutrition. (UpToDate, 2016)

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate member certificate and subscriber agreement contract for applicable diagnostic imaging, DME, laboratory, machine tests, benefits and coverage.
INDICATIONS

A. Medical Card System, Inc., (MCS) will consider Peripheral Parenteral Nutrition (PPN) medically necessary when ALL of the following criteria are met:

1. Weight and strength maintenance commensurate with the patient's overall health status cannot be achieved by modifying the nutrient composition of the enteral diet or by utilizing pharmacologic means to treat the etiology of the malabsorption.

2. The patient is malnourished (i.e., 10% weight loss over three months or less and serum albumin less than or equal to 3.4 gm/dL).

3. The patient has a disease or clinical condition that 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).

4. The patient must have a permanent impairment with severe pathology of the alimentary tract. Permanence does not require a determination that there is no possibility that the patient's condition may improve sometime in the future.

5. 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) A 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.

B. Additional specific indications for Peripheral Parenteral Nutrition (PPN) include ANY of the following:

1. The patient has undergone (within the past three months) massive small bowel resection leaving less than or equal to five feet of small bowel beyond the ligament of Treitz.

2. The patient has a short bowel syndrome severe enough that the patient has a net gastrointestinal fluid and electrolyte malabsorption such that with an oral intake of 2.5-3 liters/day the enteral losses exceed 50% of the oral/enteral intake, and the urine output is less than one liter/day.

3. The patient requires bowel rest for at least three 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 is not possible.

4. The patient has complete mechanical small bowel obstruction where surgery is not an option.
5. When the patient has or is anticipated to have inadequate energy intake by mouth and has had radical GI surgery, enterocolitis or any other condition that requires GI rest. (In healthy individuals with seven (7) or more days of inadequate energy intake by mouth or individuals whose health status is compromised three (3) or more days).

6. The patient is significantly malnourished (i.e., 10% weight loss over three months or less and serum albumin less than or equal to 3.4 gm/dl) and has very severe fat malabsorption (i.e., 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).

7. The patient is significantly malnourished (i.e., 10% weight loss over three months or less and serum albumin less than or equal to 3.4 gm/dl) and has severe motility disturbance of the small intestine and/or stomach that is unresponsive to prokinetic medication and is demonstrated either:
   a) Scintigraphically (solid metal gastric emptying study demonstrates that the isotope fails to reach the right colon by 6 hours following ingestion).
   b) Radiographically (barium or radiopaque pellets fail to reach the right colon by 6 hours following administration). These studies must be performed when the beneficiary is not acutely ill and is not on any medication which would decrease bowel motility.

8. **Peripheral Parenteral Nutrition (PPN)** can be covered in a patient with the ability to obtain partial nutrition from oral intake or a combination of oral/enteral (or even oral/enteral/parenteral) intake as long as the following criteria are met:
   a. A permanent condition of the alimentary tract is present which has been deemed to require parenteral therapy because of its severity or,
   b. A permanent condition of the alimentary tract is present which is unresponsive to standard medical management and,
   c. The patient is unable to maintain weight and strength.

**Note**: If the coverage requirements for Peripheral Parenteral Nutrition (PPN) are met, then the medically necessary nutrients, administration supplies, and equipment are covered as well.

**Note**: Unresponsiveness to prokinetic medication is defined as the presence of daily symptoms of nausea and vomiting while taking maximal doses.

**CONTRAINDICATIONS/LIMITATIONS**

1. Medical Card System, Inc., (MCS) WILL NOT consider Peripheral Parenteral Nutrition (PPN) medically necessary for patients with a functioning gastrointestinal tract whose need for parenteral nutrition is only due to:
1. A swallowing disorder.
2. A temporary defect in gastric emptying such as a metabolic or electrolyte disorder.
3. A psychological disorder impairing food intake such as depression.
4. Disorders inducing anorexia such as cancer.
5. A physical disorder impairing food intake such as the dyspnea of severe pulmonary or cardiac disease.
6. A side effect of a medication.
7. Renal failure and/or dialysis.

2. Contraindications to parenteral nutrition include hyperosmolality, severe hyperglycemia, severe electrolyte abnormalities, volume overload, and inadequate attempts to feed enterally.

3. Relative contraindications to parenteral nutrition are not well defined but include sepsis or systemic inflammatory response syndrome, minor vomiting or gastrointestinal bleeding, or short-term mechanical ventilation.

4. Medical Card System, Inc., (MCS) will NOT cover Peripheral Parenteral Nutrition (PPN) for patients who do not meet the criteria stated above.

CODING INFORMATION
HCPCS® CODES (List may not be all inclusive)

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4300</td>
<td>Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access</td>
</tr>
<tr>
<td>A4301</td>
<td>Implantable access total; catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)</td>
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<tr>
<td>B4164</td>
<td>Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) – home mix</td>
</tr>
<tr>
<td>B4168</td>
<td>Parenteral nutrition solution; amino acid, 3.5%, (500 mL = 1 Unit) – home mix</td>
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<tr>
<td>B4172</td>
<td>Parenteral nutrition solution; amino acid, 5.5% Through 7%, (500 ml =1 unit) - home mix</td>
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<tr>
<td>B4176</td>
<td>Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml =1 unit) – home mix</td>
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<tr>
<td>B4178</td>
<td>Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml =1 unit) – home mix</td>
</tr>
<tr>
<td>B4180</td>
<td>Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml =1 unit) – home mix</td>
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<tr>
<td>B4185</td>
<td>Parenteral nutrition solution, per 10 grams lipids</td>
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</table>
| B4189       | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to
<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>B4193</td>
<td>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</td>
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<tr>
<td>B4197</td>
<td>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</td>
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<tr>
<td>B4199</td>
<td>Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix</td>
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<tr>
<td>B4216</td>
<td>Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) home mix per day</td>
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<td>B4220</td>
<td>Parenteral nutrition supply kit; premix, per day</td>
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<tr>
<td>B4222</td>
<td>Parenteral nutrition supply kit; home mix, per day</td>
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<td>B4224</td>
<td>Parenteral nutrition administration kit, per day</td>
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<tr>
<td>B5000</td>
<td>Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal Aminosyn RF, NephrAmine, RenAmine - premix</td>
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<tr>
<td>B5100</td>
<td>Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic HepatAmine - premix</td>
</tr>
<tr>
<td>B5200</td>
<td>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</td>
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<tr>
<td>B9004</td>
<td>Parenteral nutrition infusion pump, portable</td>
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<tr>
<td>B9006</td>
<td>Parenteral nutrition infusion pump, stationary</td>
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<tr>
<td>B9999</td>
<td>NOC for parenteral supplies</td>
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<tr>
<td>E0776*</td>
<td>IV pole</td>
</tr>
<tr>
<td>S5497</td>
<td>Home infusion therapy, catheter care/ maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
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<tr>
<td>S5498</td>
<td>Home infusion therapy, catheter care/ maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem</td>
</tr>
<tr>
<td>S5501</td>
<td>Home infusion therapy, catheter care/ maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
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</table>
| S5502 | Home infusion therapy, catheter care/ maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per
<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>S5517</td>
<td>Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting</td>
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<tr>
<td>S5518</td>
<td>Home infusion therapy, all supplies necessary for catheter repair</td>
</tr>
<tr>
<td>S5520</td>
<td>Home infusion therapy, all supplies (including catheter) necessary for a peripheral inserted central venous catheter (PICC) line insertion</td>
</tr>
<tr>
<td>S5521</td>
<td>Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion</td>
</tr>
<tr>
<td>S5522</td>
<td>Home infusion therapy, insertion of peripheral inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)</td>
</tr>
<tr>
<td>S5523</td>
<td>Home infusion therapy, insertion of midline central venous catheter, nursing services only (no supplies or catheter included)</td>
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<tr>
<td>S9364</td>
<td>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.</td>
</tr>
<tr>
<td>S9365</td>
<td>Home infusion therapy, total parenteral nutrition (TPN); one 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.</td>
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<tr>
<td>S9366</td>
<td>Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two 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.</td>
</tr>
<tr>
<td>S9367</td>
<td>Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three 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.</td>
</tr>
<tr>
<td>S9368</td>
<td>Home infusion therapy, total parenteral nutrition (TPN); more than three 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.</td>
</tr>
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*Note: When an I.V. pole (E0776) is used in conjunction with parenteral nutrition, the BA modifier should be added to the code. Code E0776 is the only code with which the BA modifier may be used.

**Modifier EY:** All items billed to Medicare require a prescription. An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items dispensed and/or billed that do not meet prescription requirements; must be submitted with an EY modifier added to each affected HCPCS code.
# ICD-10 Codes (List may not be all inclusive)

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<thead>
<tr>
<th>ICD-10-Codes</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>E10.43</td>
<td>Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy</td>
</tr>
<tr>
<td>E11.43</td>
<td>Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy</td>
</tr>
<tr>
<td>E44.1</td>
<td>Mild protein-calorie malnutrition</td>
</tr>
<tr>
<td>E45</td>
<td>Retarded development following protein-calorie malnutrition</td>
</tr>
<tr>
<td>E46</td>
<td>Unspecified protein-calorie malnutrition</td>
</tr>
<tr>
<td>E64.0</td>
<td>Sequelae of protein-calorie malnutrition</td>
</tr>
<tr>
<td>I69.091</td>
<td>Dysphagia following nontraumatic subarachnoid hemorrhage</td>
</tr>
<tr>
<td>I69.191</td>
<td>Dysphagia following nontraumatic intracerebral hemorrhage</td>
</tr>
<tr>
<td>I69.291</td>
<td>Dysphagia following other nontraumatic intracranial hemorrhage</td>
</tr>
<tr>
<td>I69.391</td>
<td>Dysphagia following cerebral infarction</td>
</tr>
<tr>
<td>I69.891</td>
<td>Dysphagia following other cerebrovascular disease</td>
</tr>
<tr>
<td>I69.991</td>
<td>Dysphagia following unspecified cerebrovascular disease</td>
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<tr>
<td>K22.4</td>
<td>Dyskinesia of esophagus</td>
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<tr>
<td>K31.6</td>
<td>Fistula of stomach and duodenum</td>
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<tr>
<td>K31.84</td>
<td>Gastroparesis</td>
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<td>K50.012</td>
<td>Crohn's disease of small intestine with intestinal obstruction</td>
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<tr>
<td>K50.013</td>
<td>Crohn's disease of small intestine with fistula</td>
</tr>
<tr>
<td>K50.10</td>
<td>Crohn's disease of large intestine without complications</td>
</tr>
<tr>
<td>K50.111</td>
<td>Crohn's disease of large intestine with rectal bleeding</td>
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<tr>
<td>K50.112</td>
<td>Crohn's disease of large intestine with intestinal obstruction</td>
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<td>K50.113</td>
<td>Crohn's disease of large intestine with fistula</td>
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<tr>
<td>K50.114</td>
<td>Crohn's disease of large intestine with abscess</td>
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<tr>
<td>K50.118</td>
<td>Crohn's disease of large intestine with other complication</td>
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<tr>
<td>K50.119</td>
<td>Crohn's disease of large intestine with unspecified complications</td>
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<td>K50.80</td>
<td>Crohn's disease of both small and large intestine without complications</td>
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<tr>
<td>K50.811</td>
<td>Crohn's disease of both small and large intestine with rectal bleeding</td>
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<tr>
<td>K50.812</td>
<td>Crohn's disease of both small and large intestine with intestinal obstruction</td>
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<tr>
<td>K50.813</td>
<td>Crohn's disease of both small and large intestine with fistula</td>
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<tr>
<td>K50.814</td>
<td>Crohn's disease of both small and large intestine with abscess</td>
</tr>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>---------</td>
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<tr>
<td>K50.818</td>
<td>Crohn's disease of both small and large intestine with other complication</td>
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<td>K50.819</td>
<td>Crohn's disease of both small and large intestine with unspecified complications</td>
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<td>K50.90</td>
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<td>K50.911</td>
<td>Crohn's disease, unspecified, with rectal bleeding</td>
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<td>K50.912</td>
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<td>Crohn's disease, unspecified, with fistula</td>
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<td>K50.918</td>
<td>Crohn's disease, unspecified, with other complication</td>
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<td>K50.919</td>
<td>Crohn's disease, unspecified, with unspecified complications</td>
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<td>K51.012</td>
<td>Ulcerative (chronic) pancolitis with intestinal obstruction</td>
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<td>K51.013</td>
<td>Ulcerative (chronic) pancolitis with fistula</td>
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<td>K51.122</td>
<td>Ulcerative (chronic) proctitis with intestinal obstruction</td>
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<td>K51.123</td>
<td>Ulcerative (chronic) proctitis with fistula</td>
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<td>K51.312</td>
<td>Ulcerative (chronic) rectosigmoiditis with intestinal obstruction</td>
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<td>K51.313</td>
<td>Ulcerative (chronic) rectosigmoiditis with fistula</td>
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<td>K51.412</td>
<td>Inflammatory polyps of colon with intestinal obstruction</td>
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<td>K51.413</td>
<td>Inflammatory polyps of colon with fistula</td>
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<td>K51.512</td>
<td>Left sided colitis with intestinal obstruction</td>
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<td>Left sided colitis with fistula</td>
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<td>K51.812</td>
<td>Other ulcerative colitis with intestinal obstruction</td>
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<td>K51.813</td>
<td>Other ulcerative colitis with fistula</td>
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<td>Ulcerative colitis, unspecified with intestinal obstruction</td>
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<td>K51.913</td>
<td>Ulcerative colitis, unspecified with fistula</td>
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<td>Paralytic ileus</td>
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<td>Volvulus</td>
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<td>K56.5</td>
<td>Intestinal adhesions [bands] with obstruction (postprocedural) (postinfection)</td>
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<td>K56.60</td>
<td>Unspecified intestinal obstruction</td>
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<td>K56.69</td>
<td>Other intestinal obstruction</td>
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<td>K56.7</td>
<td>Ileus, unspecified</td>
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<td>K60.3</td>
<td>Anal fistula</td>
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<td>Rectal fistula</td>
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<td>K60.5</td>
<td>Anorectal fistula</td>
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<tr>
<td>K63.1</td>
<td>Perforation of intestine (nontraumatic)</td>
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<td>K63.2</td>
<td>Fistula of intestine</td>
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<td>K63.9</td>
<td>Disease of intestine, unspecified</td>
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<td>K90.4</td>
<td>Malabsorption due to intolerance, not elsewhere classified</td>
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<td>K90.89</td>
<td>Other intestinal malabsorption</td>
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<td>Postsurgical malabsorption, not elsewhere classified</td>
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<td>Pouchitis</td>
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<td>K91.858</td>
<td>Other complications of intestinal pouch</td>
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<td>K92.9</td>
<td>Disease of digestive system, unspecified</td>
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<td>K94.01</td>
<td>Colostomy hemorrhage</td>
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<td>K94.09</td>
<td>Other complications of colostomy</td>
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<td>Enterostomy hemorrhage</td>
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<td>K94.19</td>
<td>Other complications of enterostomy</td>
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<td>P77.1</td>
<td>Stage 1 necrotizing enterocolitis in newborn</td>
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<td>P77.2</td>
<td>Stage 2 necrotizing enterocolitis in newborn</td>
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<td>P77.3</td>
<td>Stage 3 necrotizing enterocolitis in newborn</td>
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<td>Duplication of intestine</td>
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<td>Q43.8</td>
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<td>R13.11</td>
<td>Dysphagia, oral phase</td>
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<td>R13.12</td>
<td>Dysphagia, oropharyngeal phase</td>
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<td>R13.13</td>
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<tr>
<td>R13.14</td>
<td>Dysphagia, pharyngoesophageal phase</td>
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<td>R63.3</td>
<td>Feeding difficulties</td>
</tr>
<tr>
<td>T81.83XA</td>
<td>Persistent postprocedural fistula, initial encounter</td>
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<tr>
<td>Z93.1</td>
<td>Gastrostomy status</td>
</tr>
<tr>
<td>Z93.4</td>
<td>Other artificial openings of gastrointestinal tract status</td>
</tr>
</tbody>
</table>
REFERENCES


2. Centers for Medicare & Medicaid Services / CGS Administrators, LLC (18003, DME MAC). Local Coverage Determination (LCD) for Parenteral Nutrition (L33798). Original Effective Date: For services performed on or after 10/01/2015. Revision Effective Date: For services performed on or after 07/01/2016. Accessed November 7, 2016. Available at URL address: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33798&ContrId=140&ver=9&ConTrVer=2&ConTrCtrSelected=140*2&ConTrCtr=140&name=&DocType=Active&s=46&bc=AggAAAQAAAAAAA%3d%3d&


POLICY HISTORY

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION</th>
<th>COMMENT</th>
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<tbody>
<tr>
<td>July 9, 2009</td>
<td>Origination of Policy</td>
<td></td>
</tr>
<tr>
<td>June 21, 2011</td>
<td>Yearly Review</td>
<td></td>
</tr>
<tr>
<td>August 7, 2012</td>
<td>Revised</td>
<td>References updated.</td>
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<td>To the INDICATIONS Section:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To Part A indications 4 &amp; 5 were added.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To Part B added to Indication #7 &amp; #8 was added.</td>
</tr>
<tr>
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<td></td>
<td>To the CONTRAINDICATIONS/LIMITATIONS Section:</td>
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<tr>
<td></td>
<td></td>
<td>- Contraindications / Limitations # 2 was added.</td>
</tr>
<tr>
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<td>- In the Description section:</td>
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<td></td>
<td></td>
<td>the Last part of Second paragraph was divided and Highlighted with &quot;Orange Color&quot; to identify the Peripheral Parenteral Nutrition (PPN) difference with (TPN).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- New information was added describing the PPN and/or TPN catheters and venous administration places.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- New HCPCS codes were added to the Policy: (S5497-S5523), A4300, A4301 and C1751.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To the HCPCS code I.V. pole (E0776); “BA” modifier note was added.</td>
</tr>
<tr>
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<td>- New note of coverage for the “EY” Modifier was added to the Policy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- New ICD#9 section was added to the medical policy.</td>
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<td>- To the CONTRAINDICATIONS/LIMITATIONS Section: Contraindications #2, 3 was added.</td>
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<td>To the References: Section: #5 was added.</td>
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<tr>
<td>March 26, 2014</td>
<td>Revised</td>
<td>References updated.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Description section was redacted in a new way form.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To the References Section: New References #1 and #4 were added to the Policy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To the Coding section: A new ICD-10 Codes (Preview Draft) section was added to the policy.</td>
</tr>
<tr>
<td>November 23, 2015</td>
<td>Revised</td>
<td>To the coding section:</td>
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<tr>
<td></td>
<td></td>
<td>- Eliminate ICD-9 codes since they are no longer valid for diagnosis classification.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Add new section of ICD-10 codes which are the valid diagnosis classification system since October 1, 2015.</td>
</tr>
<tr>
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<td>To the Description Section:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To 2nd paragraph - Deleted citation (ECRI, 10/06/2011).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To 3rd paragraph – Deleted: Peripheral parenteral nutrition (PPN) has</td>
</tr>
</tbody>
</table>
similar nutrient components as TPN but in a lower concentration so it may be delivered by a smaller or peripheral vein. Large fluid volumes must be administered to provide comparable nutrients. It is typically used for short periods (up to two weeks) because of limited tolerance.

Short term parenteral nutrition is generally delivered through a subclavian, internal jugular or femoral central venous catheter. The femoral site is least desirable because there may be an increased risk of catheter related infections associated with this site compared to the alternative sites. PPN is rarely prescribed because of its uncertain clinical benefit. (Uptodate, 2014)

- To 3rd paragraph added: Peripheral parenteral nutrition (PPN) is a type of parenteral nutrition that can be delivered through a peripheral intravenous catheter because it has an osmolarity lower than that of conventional parenteral nutrition. To deliver adequate nutrients, either a large volume or a high fat formulation must be infused. Frequent replacement of intravenous access is usually necessary. Despite an osmolarity lower than conventional parenteral nutrition, PPN is still quite hyperosmolar and irritating to the peripheral veins. PPN is rarely prescribed because of the uncertain clinical benefit of short-term parenteral nutrition. (UpToDate, 2016)

To the Indications Section:
- To #7, added: “and is demonstrated either: a) Scintigraphically (solid metal gastric emptying study demonstrates that the isotope fails to reach the right colon by 6 hours following ingestion). b) Radiographically (barium or radiopaque pellets fail to reach the right colon by 6 hours following administration). These studies must be performed when the beneficiary is not acutely ill and is not on any medication which would decrease bowel motility.”
- To #8: Replaced term person with patient.
- Numbered existing note as Note1 and corrected word “Parental” to “Parenteral”.
- Added Note: Unresponsiveness to prokinetic medication is defined as the presence of daily symptoms of nausea and vomiting while taking maximal doses.

To the Contraindications/Limitations Section:
- To opening statement, corrected term “Parental” to “Parenteral”

To the Coding Section:
- In HCPCS table, to code B5100- Deleted FreAmine-HBC
- In HCPCS table, to code B5200- Added FreAmine-HBC
- In HCPCS table, deleted duplicated coding range S9364-S9368, since they subsequently appear individually with their respective descriptors.