



# MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

## Pharmacy Medical Policy Home Total Parenteral Nutrition (TPN)

### Table of Contents

- [Policy: Commercial](#)
- [Information Pertaining to All Policies](#)
- [Endnotes](#)
- [Coding Information](#)
- [References](#)
- [Forms](#)
- [Policy History](#)

**Policy Number: 296**

BCBSA Reference Number: None

### Policy

**Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity**

**Note:** All requests for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Pharmacy Operations by completing the Prior Authorization Form on the last page of this document.

This medication is not covered by the pharmacy benefit. It is covered by the Medical Benefit or as a Home Infusion Therapy.

### Prior Authorization Information

<input checked="" type="checkbox"/> <b>Prior Authorization</b> <input type="checkbox"/> <b>Step Therapy</b> <input type="checkbox"/> <b>Quality Care Dosing</b>		<b>Pharmacy Operations:</b> Tel: 1-800-366-7778 Fax: 1-800-583-6289 Policy last updated <b>7/1/2023</b>
Pharmacy (Rx) or Medical (MED) benefit coverage	<input type="checkbox"/> <b>Rx</b> <input checked="" type="checkbox"/> <b>MED</b>	<b>To request for coverage:</b> Physicians may call, fax, or mail the attached form ( <a href="#">Formulary Exception/Prior Authorization form</a> ) to the address below.
<b>Policy applies to Commercial Members:</b> <ul style="list-style-type: none"> <li>• Managed Care (HMO and POS),</li> <li>• PPO and Indemnity</li> <li>• MEDEX with Rx plan</li> <li>• Managed Major Medical with Custom BCBSMA Formulary</li> <li>• Comprehensive Managed Major Medical with Custom BCBSMA Formulary</li> <li>• Managed Blue for Seniors with Custom BCBSMA Formulary</li> </ul>		<b>Blue Cross Blue Shield of Massachusetts Pharmacy Operations Department</b> 25 Technology Place Hingham, MA 02043  <b>Individual Consideration:</b> Policy for requests that do not meet clinical criteria of this policy, see section labeled <a href="#">Individual Consideration</a>

We may cover medically necessary total parenteral nutrition (TPN) in the home<sup>3</sup> for conditions resulting in impaired intestinal absorption and/or resulting in abnormal food intake, including, but not limited to, any of the following:<sup>1,9</sup>

- Crohn's disease
- CNS disorder resulting in swallowing difficulties and high risk of aspiration
- Hyperemesis gravidarum.<sup>6</sup>
- Intestinal pseudo-obstruction
- Massive small bowel resection with inadequate remaining resorptive capacity (short gut syndrome)
- Single<sup>6,7,8</sup> or multiple fistulae (enterocolic, enterovesical, or enterocutaneous)
- Newborn anomalies of the gastrointestinal tract which prevent or contraindicate oral feeding such as tracheo-esophageal fistula, gastroschisis, omphalocele, or massive intestinal atresia
- Infants and young children who fail to thrive due to cardiac or respiratory disease, short bowel syndrome, malabsorption, or chronic idiopathic diarrhea
- Prolonged paralytic ileus after major surgery or multiple injuries
- Malabsorption due to Whipple's disease
- Malabsorption due to chronic infectious enteritis
- Severe forms of Protein-Energy Undernutrition (PEU) [i.e. ALB  $\leq$  2.4]
- Radiation enteritis
- Chronic pancreatitis<sup>4</sup>
- Severe acute pancreatitis<sup>6,7,8</sup>
- Pancreatic pseudocysts<sup>4</sup>
- Obstructing stricture<sup>8</sup> or cancer of the mouth, esophagus, stomach<sup>1</sup> or intestine<sup>6</sup>
- Post stem cell transplant patients and specifically those with graft vs. host disease<sup>6</sup>

Eligible patients must meet the following: In some circumstances such as anticipation of prolonged course of illness, all of these criteria need not be applied:

- Weight is significantly less than normal for age and height compared to pre-illness weight
- BUN less than 10 (not an accurate marker in renal failure patients)
- Patients are unable to receive more than 30% of caloric requirements enterally. NOTE: There are no kilocalories minimums in pediatric patients.

We may cover medically necessary intradialytic parenteral nutrition (IDPN) as an alternative to a regularly scheduled regimen of total parenteral nutrition (TPN) only in those patients who would be considered candidates for TPN (see TPN coverage above.)<sup>10</sup>

We do not cover TPN in the home:<sup>9</sup>

- To increase protein or caloric intake in addition to the patient's daily diet<sup>9</sup>
- In patients with a stable nutritional status, in whom only short-term parenteral nutrition might be required for less than 2 weeks<sup>9</sup>
- For routine pre and/or postoperative care.<sup>9</sup>

We do not cover intradialytic parenteral nutrition (IDPN) in those patients who would be considered a candidate for TPN but for whom the intradialytic parenteral nutrition is not offered as an alternative to TPN, but in addition to regularly scheduled infusions to TPN.

We do not cover intradialytic parenteral nutrition in patients who would not otherwise be considered candidates for TPN.

#### **Other Information**

Home total parenteral nutrition (TPN) is payable to contracted home infusion therapy providers only.

We do not separately reimburse the following: B4220 (parenteral nutrition supply kit; pre mix, per day), B4222 (parenteral nutrition supply kit; home mix, per day), B4224 (parenteral nutrition administration kit, per day), B9004-B9006 (parenteral nutrition infusion pump), syringes, discard boxes, thermometers,

specimen cups, scissors, or hyperalimentation storage units. The listed supplies are included in the per diem rate and will reject leaving no patient balance.

TPN is considered primary therapy when multiple therapies are administered on the same date of service. The services would be paid as Y9598 (multiple therapies).

### CPT Codes / HCPCS Codes / ICD Codes

*The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

### CPT Codes

There is no specific CPT code for this service.

### HCPCS Codes

<b>HCPCS codes:</b>	<b>Code Description</b>
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, NephroAmine, 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 - premix
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
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 (do not use with home infusion codes S9365-S9368 using daily volume scales)
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

### ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
A09	Infectious gastroenteritis and colitis, unspecified
B25.2	Cytomegaloviral pancreatitis
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth

C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified
D00.00	Carcinoma in situ of oral cavity, unspecified site
D00.01	Carcinoma in situ of labial mucosa and vermilion border
D00.02	Carcinoma in situ of buccal mucosa
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge
D00.04	Carcinoma in situ of soft palate
D00.05	Carcinoma in situ of hard palate
D00.06	Carcinoma in situ of floor of mouth
D00.07	Carcinoma in situ of tongue
D00.08	Carcinoma in situ of pharynx
D00.1	Carcinoma in situ of esophagus
D00.2	Carcinoma in situ of stomach
D01.0	Carcinoma in situ of colon
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D89.813	Graft-versus-host disease, unspecified
J86.0	Pyothorax with fistula
K22.2	Esophageal obstruction
K31.89	Other diseases of stomach and duodenum

K31.9	Disease of stomach and duodenum, unspecified
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K52.0	Gastroenteritis and colitis due to radiation
K52.89	Other specified noninfective gastroenteritis and colitis
K56.0	Paralytic ileus
K56.60	Unspecified intestinal obstruction
K56.69	Other intestinal obstruction
K56.7	Ileus, unspecified
K59.8	Other specified functional intestinal disorders
K59.9	Functional intestinal disorder, unspecified

K63.2	Fistula of intestine
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
K90.81	Whipple's disease
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
N32.1	Vesicointestinal fistula
O21.1	Hyperemesis gravidarum with metabolic disturbance
O21.2	Late vomiting of pregnancy
O21.8	Other vomiting complicating pregnancy
O21.9	Vomiting of pregnancy, unspecified
Q41.0	Congenital absence, atresia and stenosis of duodenum
Q41.1	Congenital absence, atresia and stenosis of jejunum
Q41.2	Congenital absence, atresia and stenosis of ileum
Q41.8	Congenital absence, atresia and stenosis of other specified parts of small intestine
Q41.9	Congenital absence, atresia and stenosis of small intestine, part unspecified
Q42.0	Congenital absence, atresia and stenosis of rectum with fistula
Q42.1	Congenital absence, atresia and stenosis of rectum without fistula
Q42.2	Congenital absence, atresia and stenosis of anus with fistula
Q42.3	Congenital absence, atresia and stenosis of anus without fistula
Q42.8	Congenital absence, atresia and stenosis of other parts of large intestine
Q42.9	Congenital absence, atresia and stenosis of large intestine, part unspecified
Q79.2	Exomphalos
Q79.3	Gastroschisis
R19.7	Diarrhea, unspecified
R62.51	Failure to thrive (child)
Z94.84	Stem cells transplant status

### ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
3E0336Z	Introduction of Nutritional Substance into Peripheral Vein, Percutaneous Approach
3E0436Z	Introduction of Nutritional Substance into Central Vein, Percutaneous Approach

### Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts  
Pharmacy Operations Department  
25 Technology Place  
Hingham, MA 02043  
Tel: 1-800-366-7778  
Fax: 1-800-583-6289

## Policy History

Date	Action
7/2023/	Reformatted Policy.
1/2018	Updated to include severe PEU as part of the criteria.
6/2017	Updated address for Pharmacy Operations.
10/2016	Clarified coding information.
7/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
1/2014	Updated ExpressPath Language and removed Blue Value.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
2/2012	Updated to correct employee fax number on Home Infusion Therapy Authorization Form.
2/2012	BCBSA National medical policy review. No changes to policy statements.
2/2012	BCBSA National medical policy review. No changes to policy statements.
10/2011	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
11/2010	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
1/2010	BCBSA National medical policy review. Changes to policy statements.
11/2009	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
7/2009	Updated format, definitions removed.
11/2008	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
9/2008	BCBSA National medical policy review. No changes to policy statements.
11/2007	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
8/2007	BCBSA National medical policy review. No changes to policy statements.

## References

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2. Foulks CJ. An evidence-based evaluation of intradialytic parenteral nutrition. Am J Kidney Dis 1999; 33(1):186-92.
3. Chertow GM, Ling J, Lew NL et al. The association of intradialytic parenteral nutrition administration with survival in hemodialysis patients. Am J Kidney Dis 1994; 24(6):912-20.
4. Foulks CJ. The effect of intradialytic parenteral nutrition on hospitalization rate and mortality in malnourished hemodialysis patients. J Ren Nutr 1994; 4(1):5-10.
5. Capelli JP, Kushner H, Camiscioli TC et al. Effect of intradialytic parenteral nutrition on mortality rates in end stage renal disease care. Am J Kidney Dis 1994; 23(6):808-16.
6. Pupim LB, Flakoll PJ, Brouillette JR et al. Intradialytic parenteral nutrition improves protein and energy homeostasis in chronic hemodialysis patients. J Clin Invest 2002; 110(4):483-92.



7. Mitch WE. Malnutrition: a frequent misdiagnosis for hemodialysis patients. J Clin Invest 2002;
8. Kopple JD. The National Kidney Foundation K/DOQI clinical practice guidelines for dietary protein intake for chronic dialysis patients. Am J Kidney Dis 2001; 38(4 suppl 1):S68-73.
9. Pupim LB, Majchrzak KM, Flakoll PJ et al. Intradialytic oral nutrition improves protein homeostasis in chronic hemodialysis patients with deranged nutritional status. J Am Soc Nephrol 2006; 17(11):3149-57.
10. Korzets A, Azoulay O, Ori Y et al. The use of intradialytic parenteral nutrition in acutely ill haemodialysed patients. J Ren Care 2008; 34(1):14-8.
11. Cano NJ, Fouque D, Roth H et al. Intradialytic parenteral nutrition does not improve survival in malnourished hemodialysis patients: a 2-year multicenter, prospective, randomized study. J Am Soc Nephrol 2007; 18(9):2583-91.
12. Ikizler TA. Parenteral nutrition offers no benefit over oral supplementation in malnourished hemodialysis patients. Nat Clin Pract Nephrol 2008; 4(2):76-7.
13. Dezfuli A, Scholl D, Lindenfeld SM et al. Severity of hypoalbuminemia predicts response to intradialytic parenteral nutrition in hemodialysis patients. J Ren Nutr 2009; 19(4):291-7.
14. Dukkipati R, Kalantar-Zadeh K, Kopple JD. Is there a role for intradialytic parenteral nutrition? A review of the evidence. Am J Kidney Dis 2010; 55(2):352-64.
15. KDOQI Work Group. KDOQI Clinical Practice Guideline for Nutrition in Children with CKD: 2008. Am J Kidney Dis 2009; 53(3 suppl 2):S11-104.
16. Druml W, Kierdorf HP; Working group for developing the guidelines for parenteral nutrition of The German Association for Nutritional Medicine. Parenteral nutrition in patients with renal failure - Guidelines on Parenteral Nutrition, Chapter 17. Ger Med Sci 2009; 7:Doc11.
17. Kopple JD, Foulks CJ, Piraino B et al. Proposed Health Care Financing Administration guidelines for the reimbursement of enteral and parenteral nutrition. Am J Kidney Dis 1995; 26(6):995-7.
18. HCFA Rulings. Available online at: <https://www.cms.gov/Rulings/downloads/hcfa963.pdf>. Last accessed June 2011.

## Endnotes

1. Based upon the 7/1996 National Blue Cross Blue Shield Association policy guideline on TPN and Enteral Nutrition in the Home, based upon a literature search from 1/1992 through 4/1995.
2. Based upon a 10/1996 national Blue Cross Blue Shield Association policy.
3. Based upon a 7/1995 AMA DATTA (Diagnostic and Therapeutic Technology Assessment) entitled Peripheral Parenteral Nutrition, Glade MJ. .
4. Recommendations from Medical Policy Group Meeting, May 2000
5. Recommendations from the 5/2001 GI Medical Policy Group meeting. For additional information see also Medicare's website at: [http://www.umd.nycpic.com/ch18\\_parenteral.html](http://www.umd.nycpic.com/ch18_parenteral.html).
6. Recommendations from Bruce Bistran, MD, Chief of Clinical Nutrition from Beth Israel Hospital; June 2003
7. Recommendations from Douglas Wilmore, MD, Metabolic Support, Brigham and Women's Hospital; June 2003.
8. Recommendations from David Burns, MD, Nutrition Support, Lahey Clinic Medical Center; June 2003
9. Based upon the 2003 National Policy Based Blue Cross Blue Shield Association national policy 1.02.01, Total Parenteral Nutrition and enteral Nutrition in the Home.
10. Based upon BCBSA National Policy 8.01.44 Intradialytic Parenteral Nutrition (IDPN). Reviewed 6/2011.

## To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>

**Home Infusion Therapy - Total Parenteral Nutrition (TPN)**  
 Prior Authorization Form



Please complete and fax with the physician's prescription to: (888) 641-5355. If the patient is a BCBSMA employee, please fax the form to: (617)246-4013.

Company name:		Contact Name:	
Phone #:		Provider #:	
Fax#		Address:	
Patient name:		Address:	
Patient ID#:		DOB: ___/___/___	Diagnosis:
Prescribing Physician/addr:	_____	Telephone:	
PCP name/address:	_____	Telephone:	

Is this fax number 'secure' for PHI receipt/transmission per HIPAA requirements? (circle one) Yes No  
Type of Therapy

TPN: \_\_\_ Grams Amino Acids/Day \_\_\_ Days/Weeks \_\_\_ Grams Lipids/Day \_\_\_ Days/Week

Primary Therapy

Primary drug name: \_\_\_\_\_ Approximate duration: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_

Route of administration: \_\_\_\_\_

Other Therapy

Other drug name: \_\_\_\_\_ Approximate duration: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_

Route of administration: \_\_\_\_\_

Initial Certification       Recertification

If this is a "drug only" authorization request, indicate other services the nursing agency is providing:

Nursing provided by: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Request for 7 Day Coverage: Date of occurrence: \_\_\_\_\_ Request dates: \_\_\_\_\_

Occurrence type:  Hospitalization       Death       Change of Therapy

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Copy of physician signed prescription is REQUIRED with this request