

Medical Policy

Nutritional Support (Total Parental Nutrition (TPD)/Enteral Feedings)

Policy Number: 1035

Policy History

Approve Date:	06/01/2018	Effective Date:	06/01/2018
Reviewed/Revised Dates:	07/15/2019, 06/23/2020		

Preauthorization

All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.
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Policy

Indications of Coverage

- I. Enteral Tube Feedings - provision of nutritional requirements through a tube into the stomach or small intestine (e.g., nasogastric, gastrostomy, jejunostomy)
 - A. Enteral tube feedings are medically necessary when the member has one of the following:
 - i. Permanent non-function or disease of the structures that normally permit food to reach the small bowel OR
 - ii. Disease of the small bowel that impairs digestion and absorption of an oral diet OR
 - iii. Central nerves system disease leading to sufficient interference with the neuromuscular coordination of chewing and swallowing that a risk of aspiration exists AND meets both of the following:
 1. Makes up more than 60 % of member's diet to provide sufficient nutrients to maintain weight and strength commensurate with the member's overall health status AND
 2. Medical records document a medical basis for the inability to maintain appropriate body weight and nutritional status
 - iv. Weight loss that presents actual or potential for developing malnutrition as defined below:
 1. Adults showing involuntary or acute weight loss of greater than or equal to 10 % of usual body weight during a three to six month period, or body mass index (BMI) below 18.5 kg/m²
 2. Neonates, infants, and children, showing
 3. Very low birth weight (VLBW <1500g) even in the absence of gastrointestinal, pulmonary, or cardiac disorders
 4. Lack of weight gain, or weight gain less than two standard deviations below the age-appropriate mean in a one month period for children under six months, or two month period for children aged 6 to 12 months
 5. No weight gain or abnormally slow rate of gain for three months for children older than one year, or documented weight loss that does not reverse promptly with instruction in appropriate diet for age OR
 6. Weight for height less than the 10th percentile AND
 7. Abnormal laboratory tests pertinent to the diagnosis

- II. Enteral nutrition may be administered by syringe, gravity, or pump
 - A. The attending physician must specify the reason that necessitates the use of an enteral feeding pump. Some enteral patients may experience complications associated with syringe or gravity method of administration. Examples of circumstances that indicate the need for a pump include, but are not limited to:
 - i. Aspiration or dumping syndrome
 - ii. Severe diarrhea remedied by regulated feeding
 - iii. Insulin-dependent diabetics who require a flow rate of less than 100cc's per hour for proper regulation of nutrients
 - iv. Patients with congestive heart failure who require a pump to prevent circulatory overload
 - v. Patients with a jejunostomy tube for feeding
 - B. Non covered benefits
 - i. Nutrition products that are administered orally and related supplies
 - ii. Over the counter nutritional supplements or enteral nutrition
 - 1. Regular shelf baby formula
 - 2. Food thickeners
 - 3. Dietary and food supplements
 - 4. Lactose-free products; products to aid in lactose digestion
 - 5. Gluten-free food products
 - 6. Normal grocery items
 - 7. Low carbohydrate diets
 - 8. Blenderized baby food
 - 9. Grocery items that can be blenderized and used with an enteral feeding system
 - 10. Nutritional supplement puddings
 - 11. High protein powders and mixes
 - 12. Oral vitamins and minerals
- III. Parenteral Nutrition/Total Parenteral Nutrition (TPN)
 - A. Parenteral nutrition involves the delivery of micronutrients and macronutrients through catheters in central or peripheral veins. In most instances, the central venous route is utilized; for long term total parenteral nutrition (TPN), a central catheter (e.g., Hickman, Broviac, PIC) is burrowed through a subcutaneous tunnel on the anterior chest
 - B. Generally, the parenteral approach is considered medically necessary only if adequate nutritional intake is not possible via the oral or tube feeding route
 - C. Parenteral nutrition is medically necessary for members who meet any of the following criteria:
 - i. Makes up more than 60% of member's diet to provide sufficient nutrients to maintain weight and strength commensurate with the member's overall health status AND
 - ii. Documentation of a failure of enteral (e.g., oral or tube feeding) nutrition, as defined by one of the following:
 - 1. A non-edematous or post-dialysis documented loss of greater than 10 % of body weight over three months or less or body mass index below 18.5 kkg/m² for adults
OR
 - 2. Total protein less than 6 g/dL or serum albumin less than 3.4 g/dL OR
 - 3. Member has very severe fat malabsorption (fecal fat exceeds 50% of oral /enteral intake on a diet of at least 50 gms of fat/day as measured by standard 72 hour fecal fat test
 - iii. A condition in which it is necessary for the gastrointestinal tract to be totally non-functioning for a period of time
 - iv. Evidence of structural or functional bowel disease that makes oral and tube feedings inappropriate
 - v. Hyperemesis gravidarum (only in cases of failed medical management or when used in a step-therapy program)
 - vi. Member is peri-operative (regardless of disease state) and unable to tolerate oral or tube feedings

- IV. Parenteral nutrition as part of renal dialysis (intradialytic parenteral nutrition [IDPN]) is medically necessary for members who meet the following criteria:
 - A. Member must have a permanently impaired GI tract
 - B. Inadequate absorption of nutrient to maintain adequate strength and weight
 - B. Member is not able to maintained on oral or enteral feedings
 - C. Member must be given their nutrients through an IV
 - D. Parenteral nutrition is vital to the nutritional stability of the member and not supplemental to a deficient diet or deficiencies caused by dialysis

- V. Parenteral nutrition is not considered medically necessary for members with a functioning gastrointestinal tract whose need for parenteral nutrition is only due to:
 - A. Physical disorder impairing food intake such as the dyspnea of severe pulmonary or cardiac disease
 - B. Psychological disorder impairing food intake such as depression
 - C. Side effect of a medication
 - D. Swallowing disorder
 - E. Temporary defect in gastric emptying such as a metabolic or electrolyte disorder
 - F. Disorders inducing anorexia such as cancer

Background

Parenteral nutrition involves the delivery of micronutrients and macronutrients through catheters in central or peripheral veins. In most instances, the central venous route is utilized, and for long-term total parenteral nutrition a central catheter (e.g., Hickman, Broviac, PIC) is burrowed through a subcutaneous tunnel on the anterior chest.

Enteral nutrition can be administered via a small catheter placed through the nose into the stomach or by a surgically placed catheter into the stomach or intestines. Enteral nutrition therapy may supplement protein and calories in a variety of situations where oral nutrition is not adequate, with the intention of providing part or all of the daily requirements. Specialized diets for specific diseases or pathophysiologic situations may be administered via enteral nutrition. These specialized diets may involve restricting a particular element of the diet (e.g., fat, lactose), adding a particular nutrient that may be required in larger amounts than are available from a regular diet (e.g., calcium, potassium), or altering the consistency of the diet (e.g., high-fiber, full-liquid).

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The above policy is based on the following references:

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