Total Parenteral Nutrition (TPN)/Hyperalimentation

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Chapter 20

20.1 Enrollment
To enroll in the CSHCN Program, total parenteral nutrition (TPN)/hyperalimentation providers must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with CSHCN, have completed the CSHCN enrollment process, and comply with all applicable state laws and requirements.

20.2 Reimbursement
TPN/hyperalimentation services are reimbursed according to the lower of the billed amount or the Medicaid maximum allowable rate. Reimbursement for the following procedure codes includes all costs, such as the parenteral solutions and additives, durable medical equipment (DME) for therapy including refrigeration if necessary, related TPN supplies, and nursing services related to administration.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9364</td>
<td>HIT TPN total diem</td>
<td>S9367</td>
<td>HIT TPN 3 liter diem</td>
</tr>
<tr>
<td>S9365</td>
<td>HIT TPN 1 liter diem</td>
<td>S9368</td>
<td>HIT TPN over 3l diem</td>
</tr>
<tr>
<td>S9366</td>
<td>HIT TPN 2 liter diem</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20.3 Benefits and Limitations
Specific procedure or diagnosis codes related to program benefits and coverage are listed in this chapter. These listings are intended to provide helpful information, but should not be considered all-inclusive. From time to time, codes are added, deleted, or revised. Coverage and coding information is updated in the CSHCN Provider Bulletin. Call the TMHP-CSHCN Contact Center at 1-800-568-2413 with questions regarding procedure or diagnosis codes.

The CSHCN Program may reimburse for TPN and hyperalimentation in the home and as outpatient therapy with the diagnoses listed in the following table:

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>042</td>
<td>Human immunodeficiency virus (HIV) disease</td>
</tr>
<tr>
<td>140–2089</td>
<td>Malignant neoplasm (cancer)</td>
</tr>
<tr>
<td>27700–27709</td>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td>5550–5559</td>
<td>Regional enteritis (Crohn’s Disease)</td>
</tr>
</tbody>
</table>

All other diagnoses require submission of documentation supporting medical necessity.

20.4 Authorization Requirements
Authorization is not required for the diagnosis listed above. TPN/hyperalimentation may be approved for up to 12 months duration.

Authorization and medical review is required for all other diagnoses. Documentation to support medical necessity must accompany the authorization request. Documentation must include the following items:

- Diagnosis
- Start date of TPN/hyperalimentation
- Estimated time TPN/hyperalimentation is needed
- Documentation to support medical necessity of TPN/hyperalimentation
20.5 Claims Information

TPN/hyperalimentation services must be submitted to TMHP in an approved electronic format or on a HCFA-1500 claim form. Providers may purchase HCFA-1500 claim forms from the vendor of their choice. TMHP does not supply the forms.

When completing a HCFA-1500, all pertinent information must be included on the claim, as information is not keyed from attachments. Superbills, or itemized statements, are not accepted as claim supplements.

Instructions for proper claims completion are provided on page C-2. Blocks that are not referenced are not required for processing by TMHP and may be left blank.