In-Home Total Parenteral Hyperalimentation Supplier

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27.1 Enrollment
To enroll in the Texas Medicaid Program, providers of in-home total parenteral hyperalimentation must be enrolled in Medicare (the intermediary is Palmetto) as in-home total parenteral hyperalimentation supplier providers.
Refer to: “Provider Enrollment” on page 1-2 for more information about enrollment procedures.

27.1.1 Medicaid Managed Care Enrollment
Certain providers may be required to enroll with Medicaid Managed Care to be reimbursed for services provided to Medicaid Managed Care clients. Contact the individual health plan for enrollment information.
Refer to: “Medicaid Managed Care” on page 7-4 for more information.

27.2 Reimbursement
In-home total parenteral hyperalimentation suppliers are reimbursed the lesser of the provider’s billed charges or the rate calculated in accordance with Title 1 Texas Administrative Code (TAC) §355.8087, which is a global fee for a package of services of $145 per day, with an annual maximum of $53,000. This rate applies to procedure codes 1-S9364, 1-S9365, 1-S9366, 1-S9367, and 1-S9368.
Refer to: “Reimbursement” on page 2-2 for more information about reimbursement.

27.3 Benefits and Limitations
In-home total parenteral hyperalimentation is a covered benefit for eligible clients who require long-term support because of extensive bowel resection and/or severe advanced bowel disease in which the bowel cannot support nutrition. Texas Health Steps (THSteps)-Comprehensive Care Program (CCP) clients younger than 21 years of age with diagnoses other than those mentioned above require prior authorization through CCP. Covered services must be reasonable, medically necessary, appropriate, and prescribed by a physician. Hyperalimentation is not available through the traditional Medicaid program when oral intake will maintain adequate nutrition.

All requests for in-home total parenteral hyperalimentation need to include the prescription for what is actually going to be administered to the client. TMHP must ensure that amino acids and lipids are being prescribed to the client, thus making this in-home total parenteral hyperalimentation rather than the administration of IV fluids and electrolytes, which cannot be billed as in-home total parenteral hyperalimentation. A prescription must accompany a request for prior authorization for all total parenteral hyperalimentation.

Hyperalimentation must be prior authorized by TMHP’s Medical Director. The request for prior authorization must be submitted by the physician prescribing the treatment and must include the following information:
• Documented diagnosis
• Supplier’s name and Medicaid provider identifier
• Client’s name and Medicaid number
• Start date of total parenteral hyperalimentation
• Estimated period of time total parenteral hyperalimentation is needed
• Documentation to support the medical necessity of the hyperalimentation, including:
  • A completed letter of medical necessity, signed and dated by the physician
  • A clear copy of the most recent laboratory results (to include potassium, calcium, albumin, and liver function studies)
  • A clear copy of the total parenteral nutrition (TPN) formula/prescription, including amino acids and lipids, signed and dated by the physician. The administration of intravenous fluids and electrolytes cannot be billed as in-home total parenteral hyperalimentation

Requests must include all pertinent medical records as required by HHSC or TMHP to indicate the medical necessity of the long-term total parenteral hyperalimentation. Prior authorization may be given for up to one year, subject to renewal every year with the submission of a supplemental report documenting continued medical necessity for the treatment.

Covered services include, but are not necessarily limited to, the following:
• Parenteral hyperalimentation solutions and additives as ordered by the client’s physician
• Supplies and equipment, including refrigeration (if necessary), that are required for the administration of prescribed solutions and additives
• Education of the client and/or caregivers regarding the in-home administration of total parenteral hyperalimentation before administration initially begins. Education must include the use and maintenance of required supplies and equipment
• Visits by a registered nurse appropriately trained in the administration of hyperalimentation. The nurse must visit the client at least once per month to monitor the client’s status and to provide ongoing education to the client and/or family members/support people about the administration of hyperalimentation
• Custodians and routine laboratory work required to monitor the client’s status
• Enteral supplies and equipment, if medically necessary, in conjunction with total parenteral hyperalimentation

Important: Hospitals administering total parenteral hyperalimentation in the hospital outpatient department

Important: Hospitals administering total parenteral hyperalimentation in the hospital outpatient department

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should refer to “Hospital (Medical/Surgical Acute Care Facility)” on page 25-1 for the policies and billing instructions.

Total parenteral hyperalimentation is payable only once per day, per client. No more than a one week supply of solutions and additives will be reimbursed if the solutions and additives are shipped and not used because of the client’s loss of eligibility, change in treatment, or inpatient hospitalization. Any days that the client is an inpatient in a hospital or other medical facility or institution must be excluded from the daily billing. Payment for partial months will be prorated based on actual days of administration.

Use the following procedure codes for billing hyperalimentation supplies:

<table>
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<th>Procedure Codes</th>
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<td>1-S9364</td>
<td>1-S9365</td>
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<tr>
<td>1-S9367</td>
<td>1-S9368</td>
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Lipids (9-B4185) will be denied if billed on the same date of service as any other TPN procedure code (1-S9364, 1-S9365, 1-S9366, 1-S9367, or 1-S9368).

All supporting documentation must be included with the request for authorization. Send requests and documentation to the following address:

Texas Medicaid & Healthcare Partnership
Special Medical Prior Authorization
12357-B Riata Trace Parkway, Suite 150
Austin, TX 78727
Fax: 1-512-514-4213

27.4 Claims Information

In-home total parenteral hyperalimentation services must be submitted to TMHP in an approved electronic format or on a CMS-1500 claim form. Providers must purchase CMS-1500 claim forms from the vendor of their choice. TMHP does not supply them.

**Reminder:** Claims for total parenteral hyperalimentation must contain the nine-character prior authorization number in Block 23. Providers must consult with their vendor for the location of this field in the electronic claims format. The prescribing physician name and provider identifier must be in Block 17 and 17a or in the appropriate field of the provider’s electronic software.

### 27.4.1 Claim Filing Resources

Refer to the following sections and/or forms when filing claims:

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