Update to Total Parenteral Nutrition (TPN) Services

Information posted February 6, 2009

Effective for dates of service on or after April 1, 2009, Texas Medicaid will implement benefit and prior authorization changes for total parenteral nutrition (TPN) services. Texas Medicaid will no longer reimburse procedure codes 1-S9364, 1-S9365, 1-S9366, 1-S9367, and 1-S9368.

TPN services must be prior authorized and submitted for reimbursement using the appropriate procedure codes for nursing, equipment and supplies, and parenteral nutrition solutions.

Parenteral nutrition solution services may be reimbursed using the following procedure codes:

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<th>Procedure Codes</th>
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<tr>
<td>9-B4164</td>
<td>9-B4168</td>
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<td>9-B4180</td>
<td>9-B4185</td>
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<tr>
<td>9-B4199</td>
<td>9-B4216</td>
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<td>9-B5000</td>
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<td>9-B5200</td>
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The following changes apply to parenteral nutrition solution services:

- The procedure codes may be reimbursed in the home setting when submitted by the following provider types: home health durable medical equipment (DME), medical supplier, or medical supply company.
- The procedure codes are no longer payable in the office setting when submitted by any provider type.

Prior Authorization Requirements

Parenteral nutrition solution services must be prior authorized through the TMHP Home Health Services Prior Authorization Department as separate services for nursing, equipment and supplies, and parenteral solutions.

For Medicaid clients who are birth through 20 years of age, TPN services that do not meet Home Health guidelines may be prior authorized through the TMHP Comprehensive Care Program (CCP) Prior Authorization Department.

Skilled nursing visits to address TPN must:

- Be provided by a registered nurse (RN) appropriately trained in the administration of TPN.
- Include education of the client or caregiver regarding the in-home administration of TPN before administration initially begins.
- Include the use and maintenance of required supplies and equipment.
- Occur at least once every month to monitor the client's status and to provide ongoing education to the client and/or caregivers regarding the administration of TPN.

The skilled nursing services may be prior authorized only for the client/caregiver training in TPN administration. Intermittent skilled nursing visits must be documented on the Home Health Services Plan of Care (POC) and the provider and requesting physician must retain the POC in the client’s medical record.
For clients who receive private duty nursing (PDN) and also require TPN administration education, intermittent skilled nursing visits may be considered for separate prior authorization when:

- The PDN provider is not an RN who is trained in the administration of TPN, and the PDN provider is not able to perform the function.
- There is documentation in the medical record to support the medical need for an additional skilled nurse to perform TPN.

The provider and requesting physician must retain documentation for the need for intermittent skilled nursing visits in the PDN POC and must maintain the POC in the client’s medical record.

Effective April 1, 2009, prior authorization requests for TPN must be submitted to TMHP using the Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form. The Medical Necessity for In-Home Total Parenteral Hyperalimentation form will no longer be accepted by TMHP for dates of service on or after April 1, 2009. Prior authorization requests submitted on the Medical Necessity for In-Home Total Parenteral Hyperalimentation form after April 1, 2009 will be returned to providers.

The completed Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form must include the procedure codes and quantities for services requested. The completed Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form with the original dated signature must be maintained by the prescribing physician in the client’s medical record. A copy of the completed, signed, and dated form must be maintained by the DME provider in the client’s medical record.

To facilitate determination of medical necessity and to avoid unnecessary denials, the physician must provide correct and complete information, including documentation of medical necessity for the equipment and/or supplies requested. The physician must maintain in the client’s medical record documentation of medical necessity. The documentation must include the following:

- The medical condition that necessitates TPN
- Documentation of any trials with oral/enteral feedings
- Percent of daily nutritional needs from TPN
- A copy of the TPN formula or prescription, including amino acids and lipids, signed and dated by the physician
- A copy of the most recent laboratory results, which must include potassium, calcium, liver function studies, and albumin

The requesting provider may be asked for additional information to clarify or complete a request for TPN services.

Retrospective review may be performed to ensure documentation supports the medical necessity of the TPN services. Renewal of the prior authorization will be considered based on medical necessity.

Reimbursement
The nurse providing the intermittent skilled nurse visit for TPN services will be reimbursed only for time spent delivering client/family instruction and for direct client TPN services. The services delivered must be documented in the client’s medical record.

PDN and skilled nursing should not routinely be performed on the same date during the same time period. PDN and skilled nursing will not be considered for reimbursement when the services are performed on the same date during the same time period without prior authorization approval.

If the skilled nursing visit for TPN education occurs while the PDN provider is caring for the client, both the PDN provider and the nurse educator must document in the client’s medical record the skilled services individually provided, including, but not limited to:

- The skilled services that each provided during that time period.
- The start and stop time of each nursing provider’s specialized task(s).
- The client condition that requires the performance of skilled PDN tasks during the skilled nursing visit for TPN education.

Both the intermittent skilled nurse visit and the PDN services provided during the same time period may be recouped if the documentation does not support the medical necessity of each service provided.

The administration of intravenous fluids and electrolytes cannot be billed as in-home TPN.

The DME Certification and Receipt Form is required and must be completed before reimbursement can be made for any DME delivered to a client. The certification form must include the name of the item, the date the client received the DME, and the dated signatures of the provider and the client or primary caregiver. This signed and dated DME Certification and Receipt Form must be maintained by the DME provider in the client’s medical record.

When submitting claims and appeals for DME that meet or exceed a billed amount of $2,500, providers should refer to the 2009 *Texas Medicaid Provider Procedures Manual*, Section 24.4.15, “Durable Medical Equipment (DME) and Supplies,” on page 24-28 for additional requirements.

For more information, call the TMHP Contact Center at 1-800-925-9126.