

Intradialytic Parenteral Nutrition (IDPN)

Policy Number: PG0501
Last Review: 09/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☒ Facility

DESCRIPTION:

Chronic kidney disease (CKD) is a state of permanent kidney damage and loss of kidney function, generally defined by an estimated glomerular filtration rate (eGFR) less than 60 milliliters (mL) per minute normalized to the accepted typical adult human body surface area of 1.73 square meters (m²) (< 60 mL/minute/1.73 m²) lasting for > 3 months. End stage renal disease (ESRD) is the most severe and final phase of CKD, resulting in kidney failure, such that artificial filtration of the blood to remove waste and excess water must be accomplished by dialysis. Alternatively, a kidney transplant may be needed to replace the damaged kidney.

Malnutrition is a common problem associated with hemodialysis. The cause of malnutrition in dialysis patients is often multifactorial and may include under-dialysis, chronic inflammation, protein loss in the dialysate solution (particularly in peritoneal dialysis), untreated metabolic acidosis and decreased oral intake. It is estimated that each dialysis session removes 10 to 12 grams (g) of amino acids and 200 to 420 kcal of energy. Coupled with loss of appetite, poor protein intake, and overall inflammatory responses, hemodialysis patients are at significant risk for nutritional imbalances. Maintaining adequate nutrition in patients undergoing hemodialysis is vital, as a number of nutritional parameters, including low body fat, fat loss over time, low body mass index (BMI), reduced serum albumin levels, and reduced creatinine levels, are associated with increased mortality.

When malnutrition is present, a stepwise approach to treatment is generally used, beginning with dietary counseling and diet modifications, followed by oral nutrition supplements, and then by enteral nutrition supplements or parenteral nutritional supplements if needed.

Intradialytic parenteral nutrition (IDPN), which refers to the infusion of hyperalimentation fluids, such as amino acids, glucose, and lipids, at the time of either hemodialysis or peritoneal dialysis, has been investigated as a technique to treat protein calorie malnutrition in an effort to decrease the associated morbidity and mortality. IDPN solutions are similar to those used for total parenteral nutrition (TPN). In hemodialysis, the intradialytic parenteral nutrition (IDPN) infusion is administered through the venous port of the dialysis tubing, typically, 30 minutes after dialysis has begun, and continued throughout the remainder of a dialysis session. In peritoneal dialysis, sometimes referred to as intraperitoneal parenteral nutrition (IPPN) or intraperitoneal nutrition (IP), parenteral nutrition is infused into the peritoneal cavity during peritoneal dialysis.

For individuals who are undergoing hemodialysis who receive IDPN, the evidence includes multiple randomized controlled trials, observational studies, and systematic reviews of these studies. The relevant outcomes are overall survival, change in disease status, morbid events, health status measures, quality of life, treatment-related mortality, and morbidity. Published systematic reviews, which included randomized controlled trials but could not pool data, have concluded that the current evidence does not demonstrate benefits in patient outcomes with the use of intradialytic parenteral nutrition for those who would not otherwise qualify for total parenteral nutrition. The evidence is insufficient to determine the effects of the technology on health outcomes.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Intradialytic parenteral nutrition may be considered MEDICALLY NECESSARY when it is offered as an alternative to a regularly scheduled regimen of total parenteral nutrition only in those patients who would be considered candidates for total parenteral nutrition (TPN).

Effective 1/1/2022 - Prior Authorization is required for IDPN

The Intradialytic parenteral nutrition request must be ordered by a Nephrologist

Non-participating providers are required to obtain prior authorization BEFORE any services are rendered.

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Intradialytic parenteral nutrition (IDPN) as an adjunct to hemodialysis may be considered medically necessary when it is offered as an alternative to a regularly scheduled regimen of total parenteral nutrition (TPN) only in patients who would be considered candidates for TPN.

- The member suffers from an impaired gastrointestinal tract and there is insufficient absorption of nutrients to maintain adequate strength and weight.
- Records should document that the member cannot be maintained on oral or enteral feedings and that due to severe pathology of the alimentary tract, intravenous infusion with nutrients is necessary.
- Infusions must be vital to the nutritional stability of the beneficiary and not supplemental to a deficient diet or deficiencies caused by dialysis. Physical signs, symptoms, and test results indicating severe pathology of the alimentary tract must be clearly evident in any documentation submitted.
- Maintenance of weight and strength commensurate with the beneficiary's overall health status must require intravenous nutrition and must not be possible by modifying the nutrient composition of the enteral diet (e.g., lactose free, gluten free, low in long chain triglycerides, substitution with medium chain triglycerides, provision of protein as peptides or amino acids, etc.), or by utilizing pharmacologic means to treat the etiology of the malabsorption (e.g., pancreatic enzymes or bile salts, broad spectrum antibiotics for bacterial overgrowth, prokinetic medication for reduced motility, etc.).
- Refer to medical policy Enteral and Parenteral Nutrition, PG0114.

IDPN is considered not medically necessary in patients who would be considered a candidate for TPN, but for whom IDPN is not offered as an alternative to TPN, but in addition to regularly scheduled infusions of TPN.

IDPN as an adjunct to hemodialysis is considered investigational in patients who would not otherwise be considered candidates for TPN.

Patients who are considered candidates for TPN are those who have a severe pathology of the alimentary tract that does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the patient's general condition.

This policy is only addressing intravenous parenteral nutrition as an adjunct to hemodialysis (not peritoneal dialysis).

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODE	
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
90945	Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional
90947	Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription
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, not otherwise specified, 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 grams 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 grams 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 aminosyn rf, nephramine, renamine premix
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, 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 freamine hbc premix
DIAGNOSIS CODE	
N18.1- N18.9, N18.30,	Chronic renal failure (code range)

N18.31, N18.32	
N19	Unspecified kidney failure

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 12/01/2021

Date	Explanation & Changes
12/01/2021	<ul style="list-style-type: none"> Policy created
03/09/2023	<ul style="list-style-type: none"> Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
09/01/2024	<ul style="list-style-type: none"> Medical Policy reviewed and updated to reflect the most current clinical evidence

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to
<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

NCDs <https://www.cms.gov/medicare-coverage-database/searchresults.aspx?keyword=&keywordType=starts&areald=s29&docType=NCD&contractOption=all>

LCDs <https://www.cms.gov/medicare-coverage-database/searchresults.aspx?keyword=&keywordType=starts&areald=s29&docType=F,P&contractOption=all>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
 Industry Standard Review

Hayes, Inc., Lansdale, PA: Author. Health Technology Assessments. <https://www.hayesinc.com/>

Industry Standard Review