

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

Original Issue Date (Created):	7/1/2002
Most Recent Review Date (Revised):	5/11/2020
Effective Date:	10/1/2020

- | | | |
|---|---|--|
| <u>POLICY RATIONALE</u> | <u>PRODUCT VARIATIONS DEFINITIONS</u> | <u>DESCRIPTION/BACKGROUND BENEFIT VARIATIONS</u> |
| <u>DISCLAIMER</u> | <u>CODING INFORMATION</u> | <u>REFERENCES</u> |
| <u>POLICY HISTORY</u> | | |

I. POLICY

Home infusion services may be considered **medically necessary** when **all** of the following are met:

- Infusion services must be prescribed by a licensed physician for a covered medical condition; and
- The drugs, fluids or biologicals must be appropriate to treat the member’s medical condition; and
- Administration of the drugs, fluids or biologicals must be given intravenously; and
- Administration in the home must be safe and medically appropriate.

The member is not required to be homebound to receive home infusion services, including Total Parenteral Nutrition (TPN).

Total parental nutrition (TPN) may be considered **medically necessary** in the treatment of conditions resulting in impaired intestinal absorption. Such conditions include, but are not limited to:

- Inflammatory bowel syndrome, e.g., Crohn’s disease;
- Obstruction secondary to stricture or neoplasm of the esophagus or stomach;
- Loss of the swallowing mechanism due to a central nervous system disorder, where the risk of aspiration is great;
- Short bowel syndrome secondary to massive small bowel resection;
- Malabsorption due to enterocolic, enterovesical, or enterocutaneous fistulas with TPN being used as a temporary treatment until the fistula is repaired;
- Motility disorder (pseudo-obstruction);
- Patients with prolonged paralytic ileus following major surgery, burns, or multiple injuries;
- Newborn infants with catastrophic gastrointestinal anomalies such as tracheoesophageal fistula, gastroschisis, omphalocele, or massive intestinal atresia;

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

- Infants and young children who fail to thrive due to systemic disease or secondary to intestinal insufficiency associated with short bowel syndrome, malabsorption, or chronic idiopathic diarrhea, such as pseudo-obstruction.

The patient must meet the following criteria prior to the initial implementation of TPN:

- The patient is receiving no more than thirty percent (30%) of their caloric needs orally or the patient cannot benefit from tube feedings as a result of a malabsorptive disorder.

Home infusion services are considered **not medically necessary** when:

- The drug or biological is considered investigational;
- The drug, fluid, or biological can be administered orally, topically, or self-injected.

Cross-reference:

MP-2.015 Enteral Nutrition

MP-2.026 Intravenous Antibiotic Therapy for Lyme Disease

II. PRODUCT VARIATIONS

[Top](#)

This policy is only applicable to certain programs and products administered by Capital BlueCross please see additional information below, and subject to benefit variations as discussed in Section VI below.

*Note** - The Federal Employee Program (FEP) Service Benefit Plan does not have a medical policy related to these services.

III. DESCRIPTION/BACKGROUND

[Top](#)

Home infusion therapy services are services and supplies required for administration of a home infusion therapy regimen. Infusion therapy involves the administration of pharmaceuticals, fluids, and biologicals intravenously. The broad range of home infusion therapy services includes, but is not limited to, parenteral nutrition, antibiotic therapy, intravenous pain management, chemotherapy, replacement therapy and hydration therapy. The complexity of the treatment may require services such as skilled nursing assessment and education, dispensing and delivery of medication and supplies. These are generally provided through a multidisciplinary team of health care professionals, which includes, but are not limited to, nursing personnel, registered pharmacists and patient supply technicians.

One type of home infusion therapy is total parenteral nutrition (TPN), also known as parenteral hyperalimentation. This therapy is used for patients with either a temporary or permanent medical or surgical condition in which the ability of the gastrointestinal system to absorb nutrients from food is severely impaired. TPN is an intravenous solution that contains glucose

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

(sugar), amino acids (protein), electrolytes, vitamins and minerals. TPN may or may not include fats.

TPN is infused through an implanted central venous catheter that delivers the liquid substance into the vena cava. The solution is administered using an infusion pump to assure a controlled flow of the fluid on a continuous or intermittent schedule.

TPN differs from the peripheral parenteral nutrition (PPN) in the level of concentration, mode of delivery, and duration of treatment.

IV. DEFINITIONS

[Top](#)

AMINO ACIDS are building block of protein.

ASPIRATION refers to a material or substance accidentally introduced into the respiratory tract during the act of inhaling.

ATRIUM means an upper portion of the heart.

HOME INFUSION THERAPY SERVICE PROVIDER is an entity that meets the necessary licensing requirements and/or is legally authorized to provide Home Infusion Therapy Services, has entered into a participating agreement with the Plan, and meets the guidelines for participation. At a minimum the provider must have all of the following criteria for participation:

- Accreditation by the Joint Commission of HealthCare Organizations or similar accrediting agency approved by the Plan;
- Current State licensure (as applicable);
- Medicare certification (as applicable); and
- Proof of Malpractice/Liability insurance.

PARENTERAL refers to administration of medication or fluid other than through the digestive tract (e.g. intravenous or intramuscular).

VENA CAVA refers to one of two large veins returning blood from the peripheral circulation to the right atrium of the heart.

V. BENEFIT VARIATIONS

[Top](#)

The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

VI. DISCLAIMER

[Top](#)

Capital BlueCross’s medical policies are developed to assist in administering a member’s benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member’s plan of benefits, please contact Capital BlueCross’ Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. CODING INFORMATION

[Top](#)

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Home Infusion Services may be considered Medically Necessary when the criteria are met:

CPT Codes®							
99601	99602						

Current Procedural Terminology (CPT) copyrighted by American Medical Association. All Rights Reserved.

HCPCS Code	Description
J7799	Not otherwise Classified drugs, other than inhalation drugs, administered through DME
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

HCPCS Code	Description
S5518	Home infusion therapy, all supplies necessary for catheter repair
S5520	Home infusion therapy, all supplies necessary for PICC line insert
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9345	Home infusion therapy, antihemophilic agent infusion therapy (e.g., factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

HCPCS Code	Description
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)
S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

HCPCS Code	Description
S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9558	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

HCPCS Code	Description
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)

Total Parental Nutrition (TPN) may be considered medically necessary:

HCPCS Codes	Description
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
B4187	Omegaven, 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 g 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 g 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

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

HCPCS Codes	Description
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) - home mix, per day
B4220	Parenteral nutrition supply kit; premix, per day
B4224	Parenteral nutrition administration kit, per day
B5000	Parenteral nut sol; amino acid & carbs renal-amirosyn
B5100	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - FreAmine HBC, 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 - premix
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
E0791	Parenteral infusion pump, stationary, single or multichannel
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)
S9365	Home infusion therapy, total parenteral nutrition (TPN); 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

ICD-10-CM Diagnosis Code	Description
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.8	Malignant neoplasm of overlapping sites of stomach
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C7A.092	Malignant carcinoid tumor of the stomach
D00.1	Carcinoma in situ of esophagus
D00.2	Carcinoma in situ of stomach
D13.0	Benign neoplasm of esophagus
D13.1	Benign neoplasm of stomach
D3A.092	Benign carcinoid tumor of the stomach
K22.2	Esophageal obstruction
K31.1	Adult hypertrophic pyloric stenosis
K31.2	Hourglass stricture and stenosis of stomach
K31.6	Fistula of stomach and duodenum
K31.7	Polyp of stomach and duodenum
K31.89	Other diseases of stomach and duodenum
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

ICD-10-CM Diagnosis Code	Description
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

ICD-10-CM Diagnosis Code	Description
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K56.0	Paralytic ileus
K56.50	Intestinal adhesions [bands], unspecified as to partial versus complete obstruction
K56.51	Intestinal adhesions [bands], with partial obstruction
K56.52	Intestinal adhesions [bands] with complete obstruction
K56.600	Partial intestinal obstruction, unspecified as to cause
K56.601	Complete intestinal obstruction, unspecified as to cause
K59.8	Other specified functional intestinal disorders
K59.89	Other specified functional intestinal disorders
K63.2	Fistula of intestine
K91.2	Postsurgical malabsorption, not elsewhere classified
K94.23	Gastrostomy malfunction
N32.1	Vesicointestinal fistula
P76.1	Transitory ileus of newborn
P76.8	Other specified intestinal obstruction of newborn
P77.1	Stage 1 necrotizing enterocolitis in newborn
P77.2	Stage 2 necrotizing enterocolitis in newborn
P77.3	Stage 3 necrotizing enterocolitis in newborn
P78.0	Perinatal intestinal perforation
P78.1	Other neonatal peritonitis
P78.3	Noninfective neonatal diarrhea
P78.81	Congenital cirrhosis (of liver)
P78.82	Peptic ulcer of newborn
P78.83	Newborn esophageal reflux
P78.89	Other specified perinatal digestive system disorders
P92.01	Bilious vomiting of newborn
Q39.0	Atresia of esophagus without fistula
Q39.1	Atresia of esophagus with tracheo-esophageal fistula
Q39.2	Congenital tracheo-esophageal fistula without atresia

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

ICD-10-CM Diagnosis Code	Description
Q39.3	Congenital stenosis and stricture of esophagus
Q39.4	Esophageal web
Q39.8	Other congenital malformations of esophagus
Q40.2	Other specified congenital malformations of stomach
Q41.0	Congenital absence, atresia and stenosis of duodenum
Q41.1	Congenital absence, atresia and stenosis of jejunum
Q41.2	Congenital absence, atresia and stenosis of ileum
Q41.8	Congenital absence, atresia and stenosis of other specified parts of small intestine
Q42.0	Congenital absence, atresia and stenosis of rectum with fistula
Q42.1	Congenital absence, atresia and stenosis of rectum without fistula
Q42.2	Congenital absence, atresia and stenosis of anus with fistula
Q42.3	Congenital absence, atresia and stenosis of anus without fistula
Q42.8	Congenital absence, atresia and stenosis of other parts of large intestine
Q79.2	Exomphalos
Q79.3	Gastroschisis
R13.19	Other dysphagia

VIII. REFERENCES

[Top](#)

1. American Gastroenterological Association. American Gastroenterological Association medical position statement: parenteral nutrition. *Gastroenterology*. 2001;121(4):966-969.
2. Balaguer A, González de Dios J. Home intravenous antibiotics for cystic fibrosis. *Cochrane Database Syst Rev*. 2008 Jul 16;(3):CD001917.
3. Brooks B, Meyers RM. Safety and efficacy of home intravenous therapy. *J Am Geriatr Soc*. 2008 Jan;56(1):177.
4. McGoldrick M. Preventing central line-associated bloodstream infections and the Joint Commission's Home Care National Patient Safety Goals. *Home Health Nurse*. 2009 Apr;27(4):220-8.
5. National Home Infusion Association (NHIA). About Infusion Therapy. [Website]: <https://www.nhia.org/about-infusion-therapy/>. Accessed May 11, 2020.
6. Mosby's Medical, Nursing, & Allied Health Dictionary, 6th edition.
7. Seres, D. Nutrition support in critically ill patients: Parenteral nutrition. In : *UpToDate Online Journal [serial online]*. Waltham, MA : UpToDate; updated April 2020. www.uptodate.com Accessed May 11,2020.
8. Taber's Cyclopedic Medical Dictionary, 20th edition.

POLICY TITLE	PARENTERAL HOME INFUSION THERAPY (INCLUDING TOTAL PARENTERAL NUTRITION)
POLICY NUMBER	MP-3.008

IX. POLICY HISTORY

[Top](#)

MP 3.008	CAC 6/29/04
	CAC 9/28/04
	CAC 11/30/04
	CAC 11/29/05
	CAC 11/28/06
	CAC 11/27/07
	CAC 9/30/08
	CAC 1/27/09
	CAC 11/24/09 Medicare variation added
	CAC 11/30/10 Consensus review. No change in policy statements. References updated.
	CAC 11/22/11 Consensus review.
	7/24/13 Admin coding review complete
	CAC 9/24/13 Consensus review. No change to policy statements. References updated
	CAC 9/30/14 Consensus review. No changes to policy statements. References updated. Coding reviewed.
	6/16/15 Added ICD 10 Diagnosis Codes
	CAC 9/29/15 Consensus review. No change to policy statements. References reviewed. Added FEP variation to reference the FEP Service Benefit Plan. Coding Reviewed
	Administrative change 7/15/16. DME jurisdiction A carrier change from NHIC to Noridian.
	CAC 9/27/16 Consensus review. No change to policy statements. References updated. Variation section reformatted. Coding reviewed/updated.
	Admin update 10/1/17: Added new ICD 10 codes effective 10/1/17 and deleted old ICD 10 codes.
	CAC 11/28/17 Consensus review. Policy statements unchanged. References updated. Coding reviewed.
	8/16/18 Consensus review. No changes to the policy statements. References updated.
5/30/2019 Consensus review. Policy statement unchanged. References updated.	
1/1/2020 Coding update. Updated code description for B4185 and added new code B4187.	
5/11/2020 Consensus review. References and FEP language added. No change to policy statement.	
9/1/20 Administrative update. Added ICD 10 K59.89	

[Top](#)

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies