



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy Medical Policy Home Total Parenteral Nutrition (TPN)

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Policy Number: 296

BCBSA Reference Number: None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Pharmacy Operations by completing the Prior Authorization Form on the last page of this document.

This medication is not covered by the pharmacy benefit. It is covered by the Medical Benefit or as a Home Infusion Therapy.

We may cover medically necessary total parenteral nutrition (TPN) in the home³ for conditions resulting in impaired intestinal absorption and/or resulting in abnormal food intake, including, but not limited to, any of the following:^{1,9}

- Crohn's disease
- CNS disorder resulting in swallowing difficulties and high risk of aspiration
- Hyperemesis gravidarum.⁶
- Intestinal pseudo-obstruction
- Massive small bowel resection with inadequate remaining resorptive capacity (short gut syndrome)
- Single^{6,7,8} or multiple fistulae (enterocolic, enterovesical, or enterocutaneous)
- Newborn anomalies of the gastrointestinal tract which prevent or contraindicate oral feeding such as tracheo-esophageal fistula, gastroschisis, omphalocele, or massive intestinal atresia
- Infants and young children who fail to thrive due to cardiac or respiratory disease, short bowel syndrome, malabsorption, or chronic idiopathic diarrhea
- Prolonged paralytic ileus after major surgery or multiple injuries
- Malabsorption due to Whipple's disease
- Malabsorption due to chronic infectious enteritis
- Severe forms of Protein-Energy Undernutrition (PEU) [i.e. ALB \leq 2.4]
- Radiation enteritis
- Chronic pancreatitis⁴
- Severe acute pancreatitis^{6,7,8}
- Pancreatic pseudocysts⁴

- Obstructing stricture⁸ or cancer of the mouth, esophagus, stomach¹ or intestine⁶
- Post stem cell transplant patients and specifically those with graft vs. host disease⁶

Eligible patients must meet the following: In some circumstances such as anticipation of prolonged course of illness, all of these criteria need not be applied:

- Weight is significantly less than normal for age and height compared to pre-illness weight
- BUN less than 10 (not an accurate marker in renal failure patients)
- Patients are unable to receive more than 30% of caloric requirements enterally. NOTE: There are no kilocalories minimums in pediatric patients.

We may cover medically necessary intradialytic parenteral nutrition (IDPN) as an alternative to a regularly scheduled regimen of total parenteral nutrition (TPN) only in those patients who would be considered candidates for TPN (see TPN coverage above.)¹⁰

We do not cover TPN in the home:⁹

- To increase protein or caloric intake in addition to the patient's daily diet⁹
- In patients with a stable nutritional status, in whom only short-term parenteral nutrition might be required for less than 2 weeks⁹
- For routine pre and/or postoperative care.⁹

We do not cover intradialytic parenteral nutrition (IDPN) in those patients who would be considered a candidate for TPN but for whom the intradialytic parenteral nutrition is not offered as an alternative to TPN, but in addition to regularly scheduled infusions to TPN.

We do not cover intradialytic parenteral nutrition in patients who would not otherwise be considered candidates for TPN.

Other Information

Home total parenteral nutrition (TPN) is payable to contracted home infusion therapy providers only.

We do not separately reimburse the following: B4220 (parenteral nutrition supply kit; pre mix, per day), B4222 (parenteral nutrition supply kit; home mix, per day), B4224 (parenteral nutrition administration kit, per day), B9004-B9006 (parenteral nutrition infusion pump), syringes, discard boxes, thermometers, specimen cups, scissors, or hyperalimentation storage units. The listed supplies are included in the per diem rate and will reject leaving no patient balance.

TPN is considered primary therapy when multiple therapies are administered on the same date of service. The services would be paid as Y9598 (multiple therapies).

CPT Codes / HCPCS Codes / ICD Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

HCPCS Codes

HCPCS codes:	Code 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, per 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
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 - Amirosyn RF, NephroAmine, RenAmine - premix
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
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

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
A09	Infectious gastroenteritis and colitis, unspecified
B25.2	Cytomegaloviral pancreatitis
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
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
C15.9	Malignant neoplasm of esophagus, unspecified
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
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant

C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
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
C18.9	Malignant neoplasm of colon, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified
D00.00	Carcinoma in situ of oral cavity, unspecified site
D00.01	Carcinoma in situ of labial mucosa and vermilion border
D00.02	Carcinoma in situ of buccal mucosa
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge
D00.04	Carcinoma in situ of soft palate
D00.05	Carcinoma in situ of hard palate
D00.06	Carcinoma in situ of floor of mouth
D00.07	Carcinoma in situ of tongue
D00.08	Carcinoma in situ of pharynx
D00.1	Carcinoma in situ of esophagus
D00.2	Carcinoma in situ of stomach
D01.0	Carcinoma in situ of colon
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D89.813	Graft-versus-host disease, unspecified
J86.0	Pyothorax with fistula
K22.2	Esophageal obstruction
K31.89	Other diseases of stomach and duodenum
K31.9	Disease of stomach and duodenum, unspecified
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
K50.019	Crohn's disease of small intestine with unspecified complications
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
K50.119	Crohn's disease of large intestine with unspecified complications
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
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K52.0	Gastroenteritis and colitis due to radiation
K52.89	Other specified noninfective gastroenteritis and colitis
K56.0	Paralytic ileus
K56.60	Unspecified intestinal obstruction
K56.69	Other intestinal obstruction
K56.7	Ileus, unspecified
K59.8	Other specified functional intestinal disorders
K59.9	Functional intestinal disorder, unspecified
K63.2	Fistula of intestine
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
K90.81	Whipple's disease
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
N32.1	Vesicointestinal fistula
O21.1	Hyperemesis gravidarum with metabolic disturbance
O21.2	Late vomiting of pregnancy
O21.8	Other vomiting complicating pregnancy
O21.9	Vomiting of pregnancy, unspecified
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
Q41.9	Congenital absence, atresia and stenosis of small intestine, part unspecified
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
Q42.9	Congenital absence, atresia and stenosis of large intestine, part unspecified
Q79.2	Exomphalos
Q79.3	Gastroschisis
R19.7	Diarrhea, unspecified
R62.51	Failure to thrive (child)
Z94.84	Stem cells transplant status

ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
3E0336Z	Introduction of Nutritional Substance into Peripheral Vein, Percutaneous Approach
3E0436Z	Introduction of Nutritional Substance into Central Vein, Percutaneous Approach

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Prior Authorization Information

Outpatient

For services described in this policy, see below for products where prior authorization **IS REQUIRED** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is required .
Commercial PPO and Indemnity	Prior authorization is required .

Policy History

Date	Action
1/2018	Updated to include severe PEU as part of the criteria.
6/2017	Updated address for Pharmacy Operations.
10/2016	Clarified coding information.
7/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
1/2014	Updated ExpressPath Language and removed Blue Value.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.

2/2012	Updated to correct employee fax number on Home Infusion Therapy Authorization Form.
2/2012	BCBSA National medical policy review. No changes to policy statements.
2/2012	BCBSA National medical policy review. No changes to policy statements.
10/2011	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
11/2010	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
1/2010	BCBSA National medical policy review. Changes to policy statements.
11/2009	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
7/2009	Updated format, definitions removed.
11/2008	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
9/2008	BCBSA National medical policy review. No changes to policy statements.
11/2007	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
8/2007	BCBSA National medical policy review. No changes to policy statements.

References

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4. Foulks CJ. The effect of intradialytic parenteral nutrition on hospitalization rate and mortality in malnourished hemodialysis patients. J Ren Nutr 1994; 4(1):5-10.
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8. Kopple JD. The National Kidney Foundation K/DOQI clinical practice guidelines for dietary protein intake for chronic dialysis patients. Am J Kidney Dis 2001; 38(4 suppl 1):S68-73.
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11. Cano NJ, Fouque D, Roth H et al. Intradialytic parenteral nutrition does not improve survival in malnourished hemodialysis patients: a 2-year multicenter, prospective, randomized study. J Am Soc Nephrol 2007; 18(9):2583-91.

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17. Kopple JD, Foulks CJ, Piraino B et al. Proposed Health Care Financing Administration guidelines for the reimbursement of enteral and parenteral nutrition. *Am J Kidney Dis* 1995; 26(6):995-7.
18. HCFA Rulings. Available online at; <https://www.cms.gov/Rulings/downloads/hcfar963.pdf>. Last accessed June 2011.

Endnotes

1. Based upon the 7/1996 National Blue Cross Blue Shield Association policy guideline on TPN and Enteral Nutrition in the Home, based upon a literature search from 1/1992 through 4/1995.
2. Based upon a 10/1996 national Blue Cross Blue Shield Association policy.
3. Based upon a 7/1995 AMA DATTA (Diagnostic and Therapeutic Technology Assessment) entitled Peripheral Parenteral Nutrition, Glade MJ. .
4. Recommendations from Medical Policy Group Meeting, May 2000
5. Recommendations from the 5/2001 GI Medical Policy Group meeting. For additional information see also Medicare's website at: http://www.umd.nycpic.com/ch18_parenteral.html.
6. Recommendations from Bruce Bistrain, MD, Chief of Clinical Nutrition from Beth Israel Hospital; June 2003
7. Recommendations from Douglas Wilmore, MD, Metabolic Support, Brigham and Women's Hospital; June 2003.
8. Recommendations from David Burns, MD, Nutrition Support, Lahey Clinic Medical Center; June 2003
9. Based upon the 2003 National Policy Based Blue Cross Blue Shield Association national policy 1.02.01, Total Parenteral Nutrition and enteral Nutrition in the Home.
10. Based upon BCBSA National Policy 8.01.44 Intradialytic Parenteral Nutrition (IDPN). Reviewed 6/2011.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>

Home Infusion Therapy - Total Parenteral Nutrition (TPN)
 Prior Authorization Form



Please complete and fax with the physician's prescription to: (888) 641-5355. If the patient is a BCBSMA employee, please fax the form to: (617)246-4013.

Company name:		Contact Name:	
Phone #:		Provider #:	
Fax#		Address:	
Patient name:		Address:	
Patient ID#:		DOB: ___/___/___	Diagnosis:
Prescribing Physician/addr:	_____	Telephone:	
PCP name/address:	_____	Telephone:	

Is this fax number 'secure' for PHI receipt/transmission per HIPAA requirements? (circle one) Yes No
Type of Therapy

TPN: ___ Grams Amino Acids/Day ___ Days/Weeks ___ Grams Lipids/Day ___ Days/Week

Primary Therapy

Primary drug name: _____ Approximate duration: ___/___/___ to ___/___/___

Dose: _____

Frequency: _____

Route of administration: _____

Other Therapy

Other drug name: _____ Approximate duration: ___/___/___ to ___/___/___

Dose: _____

Frequency: _____

Route of administration: _____

Initial Certification Recertification

If this is a "drug only" authorization request, indicate other services the nursing agency is providing:

Nursing provided by: _____

Contact: _____

Phone: _____ Fax: _____

Request for 7 Day Coverage: Date of occurrence: _____ Request dates: _____

Occurrence type: Hospitalization Death Change of Therapy

Physician signature: _____ Date: _____

OR

Copy of physician signed prescription is REQUIRED with this request