

## Corporate Medical Policy

### Intradialytic Parenteral Nutrition

**File Name:** intradialytic\_parenteral\_nutrition  
**Origination:** 2/2010  
**Last CAP Review:** 10/2011  
**Next CAP Review:** 10/2012  
**Last Review:** 10/2011

#### Description of Procedure or Service

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Intradialytic parenteral nutrition is the infusion of an intravenous nutritional formula of hyperalimentation, such as amino acids, glucose, and lipids, during dialysis, to treat protein calorie malnutrition in an effort to decrease the associated morbidity and mortality experienced in patients with renal failure.

Protein calorie malnutrition, typically assessed by measurements of serum albumin, occurs in an estimated 25%–40% of those undergoing dialysis and is associated with increased morbidity and mortality. For example, the risk of death is increased more than 10-fold in those whose serum albumin levels are less than 2.5 g/dL, and those with a serum albumin near the normal range (i.e., between 3.5 to 3.9 g/dL) have a mortality rate twice as high as those with albumin greater than 4.0 g/dL. In patients receiving chronic dialysis, the National Kidney Foundation currently recommends a daily protein intake of  $\geq 1.2$  g/kg in patients undergoing hemodialysis and  $\geq 1.3$  g/kg in patients undergoing peritoneal dialysis.

Intradialytic parenteral nutrition, i.e., infusing hyperalimentation fluids 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. 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.

***\*\*\*Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

#### Policy

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**BCBSNC will provide coverage for Intradialytic parenteral nutrition when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.**

#### Benefits Application

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Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

# Intradialytic Parenteral Nutrition

## When Intradialytic Parenteral Nutrition is covered

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Intradialytic parenteral nutrition may be considered medically necessary when the following criteria are met:

- 1) when the patient is a candidate for total parenteral nutrition (TPN), (i.e., 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), AND
- 2) when intradialytic parenteral nutrition is offered as an alternative to a regularly scheduled regimen of total parenteral nutrition.

## When Intradialytic Parenteral Nutrition is not covered

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Intradialytic parenteral nutrition is considered not medically necessary when offered in addition to regularly scheduled infusions of TPN.

Intradialytic parenteral nutrition is considered investigational in patients who would not otherwise be considered candidates for TPN.

## Policy Guidelines

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Evidence of efficacy of IDPN treatment is limited. Available evidence demonstrates improvements in intermediate outcomes such as increases in serum albumin and catabolic rate. However, long-term data on survival, quality of life, and other nutritional status outcomes are unavailable. Therefore, IDPN may only be considered medically necessary when it is offered as an alternative to a regularly scheduled regimen of total parenteral nutrition (TPN) in patients who would be considered candidates for TPN. IDPN is considered not medically necessary when added to regularly scheduled infusions of TPN and may be harmful due to the excess administration of lipids. Finally, due to the limited availability of data on IDPN in patients who would not otherwise be considered TPN candidates, the impact on net health outcome is not known and therefore, is considered investigational in these patients.

## Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: 90935, 90937, 90940, 90945, 90947, B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## Scientific Background and Reference Sources

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BCBSA Medical Policy Reference Manual, 8.01.44, 10/6/2009

Senior Medical Director review 1/2010

# Intradialytic Parenteral Nutrition

BCBSA Medical Policy Reference Manual, 8.01.44, 6/9/2011

## Policy Implementation/Update Information

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- 2/2/10 New policy implemented. Reviewed with Senior Medical Director 1/8/2010. "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), i.e., 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." "Intradialytic parenteral nutrition is considered **not** medically necessary 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." "Intradialytic parenteral nutrition is considered investigational in those patients who would not otherwise be considered candidates for TPN." Notice given 2/2/2010. Policy effective 5/11/2010. (btw)
- 6/22/10 Policy Number(s) removed (amw)
- 11/23/10 Medical criteria reformatted, but intent of policy is unchanged. Specialty Matched Consultant Advisory Panel review 10/28/10. Policy accepted as written. (adn)
- 11/8/11 Description section revised. Policy Guidelines section updated. No change in policy statement or medical coverage criteria. Specialty Matched Consultant Advisory Panel review 10/26/11. (adn)

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.