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Reviewed: 09/24/26

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Subject: Home Parenteral Nutrition

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Parenteral nutrition (PN) is used for persons with abnormalities or lack of function of the gastrointestinal system that lead to an inability to absorb, process or maintain nutrition. Use of the gastrointestinal system is the preferred route due to the benefits this provides to the health of the individual, however it is not always possible. PN can be used for variable periods of time when nutrition cannot be delivered by other means due to inability to absorb food enterally. Parenteral nutrition involves percutaneous transvenous implantation of a central venous catheter into the vena cava or right atrium. A nutritionally adequate hypertonic solution consisting of glucose (sugar), amino acids (protein), electrolytes (sodium, potassium), vitamins and minerals, and sometimes fats is administered daily. An infusion pump is generally used to assure a steady flow of the solution either on a continuous (24-hour) or intermittent schedule.

POSITION STATEMENT:

Home parenteral nutrition administered by intravenous route, and associated services and supplies, **meet the definition of medical necessity** when there is an inability to absorb, process or maintain nutrition administered orally or by enteral feedings.

Home parenteral nutrition includes the following services and supplies:

- Additives and heparin
- Basic nutrient solutions (50 percent dextrose, amino acids and electrolytes)
- Materials for set-up
- Pharmacist’s time for compounding
- Supply kit (i.e., tape, betadine solution, 4x4s, syringes, needles)
- Vitamins.

Home parenteral nutrition, including services and supplies, **do not meet the definition of medical necessity** when used in the following situations:

- To increase protein or caloric intake in addition to the member’s daily diet

- In members with stable nutritional status, in whom only short-term parenteral nutrition might be required
- For routine pre-operative or post-operative care.

BILLING/CODING INFORMATION:

The following codes may be used to report home parenteral nutrition services:

HCPCS Coding:

S9365	Home infusion therapy, total parenteral nutrition (TPN); one 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

ICD-10 Diagnosis Codes That Support Medical Necessity:

C15.3 – C15.9	Malignant neoplasm of esophagus
C16.0 – C16.9	Malignant neoplasm of stomach
C78.80, C78.89	Secondary malignant neoplasm of other digestive organs
D00.1	Carcinoma in situ of esophagus
D00.2	Carcinoma in situ of stomach
D37.1 – D37.5	Neoplasm of uncertain behavior of stomach, intestines, and rectum
D37.8, D37.9	Neoplasm of uncertain behavior of other digestive organs
D49.0	Neoplasm of unspecified behavior of digestive system
E41	Nutritional marasmus
K22.2	Esophageal obstruction
K31.6	Fistula of stomach and duodenum
K31.84	Gastroparesis
K50.00 – K50.919	Crohn's disease of small intestine without complications
K51.00 – K51.919	Ulcerative colitis
K55.011 – K55.019	Acute ischemia of small intestine
K63.2	Fistula of intestine
K85.00 – K85.92	Acute pancreatitis
K90.2	Blind loop syndrome, not elsewhere classified
K90.821	Short bowel syndrome with colon in continuity
K91.1	Postgastric surgery syndromes
K91.2	Postsurgical malabsorption, not elsewhere classified
K91.30 – K91.32	Postprocedural intestinal obstruction
N32.1	Vesicointestinal fistula
Q39.0 – Q39.9	Congenital malformation of esophagus
Q41.0 – Q41.9	Congenital absence, atresia and stenosis of small intestine
Q42.0 – Q42.9	Congenital absence, atresia and stenosis of large intestine

T28.1xxA, T28.1xxD, T28.1xxS	Burn of esophagus
T28.2xx1A, T28.2xx1D, T28.2xx1S	Burn of other parts of alimentary tract
T28.6xxA, T28.6xxD, T28.6xxS	Corrosion of esophagus
T28.7xx1A, T28.7xx1D, T28.7xx1S	Corrosion of other parts of alimentary tract
T66.xxxA, T66.xxxD, T66.xxxS	Radiation sickness, unspecified, initial encounter

REIMBURSEMENT INFORMATION:

Reimbursement for home parenteral nutrition is limited to three (3) liters per day.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following Local Coverage Determination (LCD) was reviewed on the last guideline review date: Local Coverage Determination (LCD) Parenteral Nutrition (L38953), located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

Crohn's disease: ileitis that typically involves the distal portion of the ileum, often spreads to the colon, and is characterized by diarrhea, cramping, and loss of appetite and weight with local abscesses and scarring; also referred to as regional enteritis, regional ileitis.

Malabsorption: faulty absorption of nutrient materials from the alimentary canal; also referred to as malassimilation.

Malnutrition: an acute, subacute, or chronic state of nutrition in which a combination of varying degrees of overnutrition or undernutrition with or without inflammatory activity have led to a change in body composition and diminished function.

Radiation enteritis: inflammation of the intestines and especially of the human ileum resulting from radiation therapy.

Short bowel syndrome: malabsorption from the small intestine that is marked by diarrhea, malnutrition, and steatorrhea and that results from resection of the small intestine.

Ulcerative colitis: a nonspecific inflammatory disease of the colon that is of unknown cause and is characterized by diarrhea with discharge of mucus and blood, cramping abdominal pain, and inflammation and edema of the mucous membrane with patches of ulceration.

RELATED GUIDELINES:

Home Health Care, 01-99500-01

External Infusion Pumps (non-insulin), 09-E0000-10

OTHER:

Indexing terms:

Total parenteral nutrition

TPN

HPN

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 09/24/26.

GUIDELINE UPDATE INFORMATION:

10/15/02	Reformatted; diagnosis list expanded; local codes removed.
01/01/04	Annual HCPCS coding update.
07/15/04	Scheduled review; no changes.
03/15/05	Revision consisting of adding S9366 and S9367.
09/15/07	Review, coverage statements maintained, guideline reformatted, references updated.
10/15/10	Revision; related ICD-10 codes added.
10/01/11	4th Quarter coding update: removed ICD-9 997.4; added 997.49.
05/11/14	Revision: Program Exceptions section updated.
06/03/14	Revision: Program Exceptions section updated.
05/15/15	Review; position statements maintained; definition section and references updated.
10/01/15	Revision; ICD9 & ICD10 coding sections updated.
11/01/15	Revision: ICD-9 Codes deleted.
10/01/16	ICD-10 coding update: codes K52.21 – K52.29, K52.831-K52.839, K55.011-K55.019, K85.00-K85.92, & K90.49 added; codes K52.2, K55.0, K85.0, K85.9, & K90.4 deleted.
02/15/20	Scheduled review. Maintained position statement, revised Medicare Advantage program exception, and updated references.
06/15/22	Scheduled review. Maintained position statement and updated references.
09/15/23	Scheduled review. Revised MCG title, description, position statement, ICD10 table and definitions. Updated references.
08/15/25	Scheduled review. Maintained position statement and updated references.
06/15/26	Revised: ICD10 coding updated.

10/15/26	Review: Position statements maintained; coding and references updated.