



TPN QUALIFICATION CHECKLIST

Core Coverage Criteria.

- A. Has an enteral trial failed? Yes _____ No _____
 B. Have pharmacological means been tried? Yes _____ No _____

If the answer to either of the above was No, the patient does not meet core criteria and Medicare will not pay for the therapy without detailed clinical information that explains why the therapy is still medically necessary.

If the answer to both of the above was Yes, then ONE of the following must be a YES:

1. Has the patient undergone surgery within the past three months leaving < 5 feet of small bowel beyond the ligament of Trietz? Yes _____ No _____
2. Does the patient have short bowel syndrome that results in: a.) evidence of electrolyte malabsorption, AND b.) GI fluid of 2.5-3 L/day resulting in enteral losses that exceed 50% of the oral/enteral intake, AND c.) urine output of < 1 liter per day? Yes _____ No _____
3. Does the patient require bowel rest for at least 3 months, AND is receiving intravenously 20-35 cal/kg/day for: a.) symptomatic pancreatitis with or without pancreatic pseudocyst, OR b.) severe exacerbation of regional enteritis, OR c.) proximal enterocutaneous fistula where tube feedings distal to the fistula are not possible? Yes _____ No _____
4. Does the patient have a complete mechanical small bowel obstruction where surgery is not an option? Yes _____ No _____
5. Is the patient malnourished as evidenced by:
 - a.) 10% weight loss over three months or less, AND
 - b.) serum albumin <3.4 gm/DL, AND
 - c.) severe fat malabsorption (fecal fat exceeds 50% of oral/enteral intake on a diet of at least 50 grams of fat/day as measured by a standard 72-hour fecal fat test)?
 Yes _____ No _____

TPN Qualification Checklist (continued)

6. Is the patient significantly malnourished as evidenced by: 10% weight loss over three months, AND Serum albumin <3.4 gm/DL, AND severe stomach motility disturbance of the small intestine and/or stomach which is unresponsive to prokinetic medications and is demonstrated scintigraphically OR radiographically? (These studies must be performed when patient is not acutely ill and is not on any medication which would decrease bowel mobility.)
- Yes _____ No _____

If the answer to all of 1 – 6 was NO, then the patient MUST meet the following:

Maintenance of weight and strength commensurate with the patient's overall health must require intravenous nutrition and must not be possible utilizing the following approaches.

Core Medical Policy.

1. Modifying the nutrient composition of the enteral diet, i.e., lactose free, gluten free, low in long chain triglycerides, substitution with medium chain triglycerides, provision of protein as peptides or amino acids, etc. **AND**
2. Utilizing pharmacological means to treat the etiology of the malabsorption, i.e., pancreatic enzymes or bile salts, broad spectrum antibiotics for bacterial overgrowth, prokinetic Medication for reduced motility, etc.

and the following supporting medical policy.

7. Is the patient malnourished as evidenced by 10% weight loss over three months or less, and Serum albumin <3.4 gn.DL, **AND** Yes _____ No _____
8. Has a disease and clinical condition been documented as being present and it has not responded to altering the manner of delivery of appropriate nutrients through a tube with the tip located in the stomach or jejunum? Yes _____ No _____

SUMMARY OF INFORMATION

All patients will fall into one of the following three coverage categories.

1. The patient meets core coverage criteria AND at least one supporting criteria described in 1 – 6.
Yes _____ No _____
2. The patient meets core coverage criteria, does not meet at least one supporting criteria described in 1 – 6 BUT DOES MEET both supporting criteria described in 7 and 8.
Yes _____ No _____
3. Patient does not meet coverage criteria for the provision of TPN therapy.
Yes _____ No _____