




Binder:	<u>OSF HealthPlans HCM Department</u>
Policy	
No./Title:	<u>HCM.CMG.025 Total Parenteral Nutrition</u>
	Original
Author:	<u>Edward A. Hirsch, M.D.</u>
	Date: <u>6/00</u>
Revision/Review	
Date(s):	<u>10/01; 5/02; 10/02; 10/03; 10/04; 10/05; 10/06; 10/07</u>
Approval:	
	Title: Vice President and Chief Medical Officer
	

POLICY: It is the policy of OSF HealthPlans to cover total parenteral nutrition when medically appropriate based on the following guidelines.

PURPOSE: To promote consistent coverage of patients needing total parenteral nutrition

PROCEDURE:

The physician must call in a request for total parenteral nutrition (TPN).

The following checklist will be discussed:

1. Is enteral trial contraindicated. If yes, what is the contraindication?
2. Has an enteral trial failed?
3. Have pharmacological means been tried?

If the answer to questions 1 and 2 is No, this patient does not meet the care coverage criteria. The physician may provide additional supporting information as to why a tube could not be placed.

If the answer to questions 1 and 2 is Yes, then **one** of the following must apply:

1. Has the patient undergone surgery within the past three months, leaving less than five feet of small bowel beyond the ligament of Trietz.
2. Does the patient have severe short bowel syndrome that results in:
 - a. evidence of electrolyte malabsorption and
 - b. gastrointestinal fluid of 2.5 - 3l/days resulting in enteral losses that exceed 50% of the oral/enteral intake and
 - c. urine output of less than 1 liter/day
3. Does the patient require bowel rest for at least three months and 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 feeding distal to the fistula is not possible

4. Does the patient have a complete mechanical small bowel obstruction where surgery is not an option?
5. Is the patient malnourished as evidenced by:
 - a. 10% weight loss over three months or less and
 - b. serum albumin less than 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)
6. If the above are not met, the patient must meet the following:
 - a. 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:
 1. modifying the nutrient composition of the enteral diet and
 2. utilizing pharmacological means to treat the etiology of the malabsorption
 3. the patient must have evidence of malnutrition by either a 10% weight loss over three months or less and serum albumin of less than 3.2 grams/dl and has a disease and clinical condition been documented as being present and has not responded to altering the manner of delivery of appropriate nutrients

If approved, an authorization will be entered into the Facets system. The member will be followed by the Case Management Department for monitored updates.

If the Case Management Coordinator cannot approve the request, it will be given to the Associate Medical Director to review. (See HCM.CML.008 Medical Director Referrals)