
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

SECTION 18.2: SPECIFIC COVERAGE CRITERIA**PAGE(S) 1**

18.2.12 Total Parenteral Nutrition Equipment and Supplies

An infusion pump is used to deliver nutritional requirements intravenously. Infusion pumps are covered for the delivery of parenteral nutrition for those beneficiaries who cannot absorb nutrients by the gastrointestinal tract.

Only one pump (ambulatory or stationary) will be covered at any one time. Additional pumps will be denied as not medically necessary.

1. An external ambulatory infusion pump is a small portable electrical device that is used to deliver parenteral nutrition. It is designed to be carried or worn by the beneficiary; or
2. A stationary infusion pump is an electrical device, which serves the same purpose as an ambulatory pump, but is larger and typically mounted on a pole.

An intravenous (IV) pole is a device to suspend fluid to be administered by gravity or pump. An IV pole will be covered when a beneficiary is receiving parenteral fluids and the beneficiary is not using an ambulatory infusion pump.

Infusion pumps, ambulatory and stationary, are indicated for the administration of parenteral medication in the home when parenteral administration of the medication in the home is reasonable and medically necessary, and an infusion pump is necessary to safely administer the medication.

An external ambulatory infusion pump is a small portable electrical device that is used to deliver parenteral medication. It is designed to be carried or worn by the beneficiary.

Prior Authorization Requirements

Requests for prior authorization of total parenteral nutrition (TPN) equipment and supplies are submitted on the PA-01 and must include documentation to establish medical necessity for TPN services. The documentation must confirm that the member meets the TPN medical necessity criteria outlined in Section 37.5.10 –Total Parenteral Nutrition of the *Pharmacy Benefits Management Services Provider Manual*.

NOTE: Refer to the *Pharmacy Benefits Management Services Provider Manual* for coverage of TPN formula.