

Intradialytic Nutrition: IPN and IDPN

Policy Number: M20170920044

Effective Date: 5/1/2001

Sponsoring Department: Pharmacy

Impacted Department(s): Medical Management, Pharmacy

Type of Policy: Internal External

Data Classification: Confidential Restricted Public

Applies to (Line of Business):

- Corporate (All)
- State Products, if yes which plan(s): MediSource; MediSource Connect; Child Health Plus; Essential Plan
- Medicare, if yes, which plan(s): MAPD; PDP; ISNP; CSNP
- Commercial, if yes, which type: Large Group; Small Group; Individual
- Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes No

Purpose and Applicability:

This policy defines how Intradialytic Nutrition including intradialytic parenteral nutrition (IDPN) and intraperitoneal nutrition (IPN) is covered across all lines of business.

Policy:

Commercial, State and Self-Funded:

Intradialytic nutrition which includes IPN and IDPN is covered as a medical benefit. No prior authorization is required. Providers should bill Independent Health with the appropriate service codes.

Medicare Advantage:

Both IDPN and IPN are administered during a dialysis session. IDPN provides essential nutrients, including protein, carbohydrates and sometimes fats while IPN is the addition of protein to patients' peritoneal dialysate. Both of these treatments ensure adequate nourishment for patients unable to meet their nutritional goals through oral intake.

Intradialytic Parenteral Nutrition (IDPN) and Intraperitoneal Nutrition (IPN) provided to Medicare beneficiaries receiving renal dialysis services under the Medicare End Stage Renal Disease (ESRD) benefit may be covered under Medicare Part B or Medicare Part D.

Part B coverage for parenteral nutrition is limited to individuals with a non-functioning digestive tract. Therefore, for ESRD patients, IDPN or IPN coverage may be available under Medicare Part D. Medicare Part D coverage of these products is limited to the drug ingredients that meet the definition of a Part D drug, along with dispensing fee, and subject to the requirements in 42 CFR 423.120(d) pertaining to compounded drug products.

Dialysate is considered to be a supply relative to the ESRD facility which falls under the ESRD PPS payment and is not separately billable under Part B. Although the dialysate is not separately billable, it is still considered a Part B drug. Therefore, a compound that includes dialysate is a Part B compound in accordance with 42 CFR 423.120(d)(1)(i) and coverage for the entire compound, including ingredients that would independently meet the definition of a Part D drug, would not be available under Medicare Part D. A compound that contains at least one ingredient covered under Part B as prescribed and dispensed or administered is considered a Part B compound, regardless of whether other ingredients in the compound are covered under Part B as prescribed and dispensed or administered.

For ESRD patients, IDPN or IPN compounds containing at least one ingredient covered under Part B is considered a Part B compound and therefore is covered under Part B.

If the intradialytic nutrition compound does not contain at least one ingredient covered under Part B, then the request is evaluated to determine whether the member has a non-functioning digestive tract:

To otherwise cover intradialytic nutrition as a Part B (medical benefit), documentation must be clear and precise to verify that the member suffers from a permanently impaired gastrointestinal tract and that there is insufficient absorption of nutrients to maintain adequate strength and weight.

If the member DOES possess a functioning gastro-intestinal tract, intradialytic nutrition is covered as a Medicare Part D benefit.

There is Part D coverage for amino acid, dextrose, and lipids that meet the definition of Part D drugs.

There is no Medicare coverage (under part B or part D) for ingredients such as sterile water, since non-covered drugs and other ingredients must be treated as general pharmacy overhead.

Approval under Part D may be provided for one (1) year at a time and may be renewed provided patient continues to meet the criteria listed above. Approval under Part B may be provided indefinitely.

Pre-Authorization Required? Yes No

Definitions

Intradialytic means occurring or carried out during hemodialysis.

Intradialytic parenteral nutrition (IDPN): a form of parenteral nutritional therapy administered to malnourished patients undergoing hemodialysis.

Intraperitoneal nutrition (IPN): a form of parenteral nutritional therapy administered to malnourished patients undergoing peritoneal dialysis.

Parenteral Nutrition: The intravenous administration of nutrients which may be delivered via a central line into a large-diameter vein, usually the superior vena cava adjacent to the right atrium or via a peripheral vein, usually of the hand or forearm.

Restricted

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References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

N/A

Regulatory References

Medicare Prescription Drug Manual, Chapter 6, Appendix C; Revised 1/15/16

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf>

Department of Health and Human Services, Center for Medicare, Memo to Part D Sponsors regarding IDPN/IPN Coverage Under Medicare Part D; October 5, 2012

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/IDPN-IPNCoverageunderMedicarePart-D.pdf>

Version Control

Sponsored By:

Name sponsor: Dr. Anthony J. Billittier IV

Title of sponsor: Chief Medical Officer

Signature of sponsor:



Revision Date	Owner	Notes
5/1/2001	Medical Management	Reviewed

6/4/2001	Medical Management	Revised
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8/2/2015	Medical Management	Revised
1/1/2016	Medical Management	Revised
3/1/2017	Medical Management	Revised
12/1/2017	Pharmacy	Revised
5/1/2018	Pharmacy	Revised
05/01/2019	Pharmacy	Revised
08/01/2019	Pharmacy	Revised
5/1/2020	Pharmacy	Revised
2/18/2021	Pharmacy	Reviewed
2/17/2022	Pharmacy	Reviewed
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11/21/2024	Pharmacy	Revised (Revision effective 1/1/2025)
12/18/2024	Pharmacy	UM Committee review only
11/20/2025	Pharmacy	Reviewed
12/17/2025	Pharmacy	UM Committee Review only