



**310-AA TOTAL PARENTERAL NUTRITION**

REVISION DATES: 06/01/13, 10/01/06

REVIEW DATE: 01/01/2011

INITIAL

EFFECTIVE DATE: 11/01/2003

**DESCRIPTION**

Total Parental Nutrition (TPN) is the provision of total caloric needs by intravenous route for individuals with severe pathology of the alimentary tract which does not allow absorption of sufficient nutrients to maintain weight and strength appropriate for the individual's general condition. Nutrients are provided through an indwelling intravenous catheter.

**AMOUNT, DURATION AND SCOPE**

AHCCCS follows Medicare guidelines for the provision of TPN services. TPN is covered for members over age 21 when it is medically necessary and the only method to maintain adequate weight and strength.

AHCCCS covers TPN for members receiving Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and KidsCare members when medically necessary. Refer to AMPM Policy 430 for complete information related to parenteral nutrition services.

Refer to AMPM Chapter 800 for prior authorization requirements for FFS providers.