

# Weaning Medicare patients from HPN: Is the LCD a barrier to doing the right thing?



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## Background

Local coverage determinations (LCDs) outline coverage policies decided by the Durable Medical Equipment Medicare Administrative Contractors (DME MACs). These are contracted providers who process Medicare claims for medically necessary services and items.<sup>1</sup> The parenteral nutrition (PN) LCD defines reasonable and necessary criteria, but is silent on weaning of home PN (HPN) as a patient transitions back to oral or enteral nutrition (EN).<sup>2</sup> Prior to 2023, the Centers for Medicare & Medicaid Services (CMS) required home infusion providers to complete a DME Information Form (DIF) when changes were made to the PN prescription, specifically macronutrients and infusion days per week.

Policy changes concern suppliers that rates of audits may increase, and elimination of the DIF may potentially increase the payment error rate. The DIF was retired as of January 1, 2023. This change created potential vulnerabilities since medical records that outline the reasons for prescription changes are not submitted with claims. Interpretation of claims without the DIF and supporting medical records may prompt additional audits.

It is standard practice to wean HPN when a patient is medically able to do so. The goal is to provide clinical, financial, safety and quality-of-life benefits. A national home infusion provider investigated whether the PN LCD may be a barrier to weaning HPN as clinically appropriate due to fear of unpaid claims and increased audits.

## Methods

A national HPN provider created a 5-question anonymous survey. It was posted as a link in the American Society of Parenteral and Enteral Nutrition's Member Connect and in the National Home Infusion Association's Member Forum. Clinicians who were not involved in HPN weaning were excluded from the analysis. The survey responses were analyzed using descriptive statistics.

## Results

- Forty of 42 participants were eligible for the survey as they identified as clinicians involved with HPN weaning.
- Clinical roles reported included: 31 registered dietitians (RD) (77.5%), 6 pharmacists (15%) and 3 registered nurses (RN) (7.5%).
- 60% (19 RDs, 3 pharmacists, 2 RNs) stated they hesitate to wean HPN patients because nutrients fall below Medicare coverage criteria (Figure 1).
- As required by the LCD, 80% of clinicians reported obtaining documentation from the treating practitioner when nutrient dosing falls below what Medicare considers medically necessary prior to HPN changes being made.
- 58% of clinicians acknowledged their approach to weaning HPN differed for Medicare beneficiaries versus patients with other insurances (Chart 1).

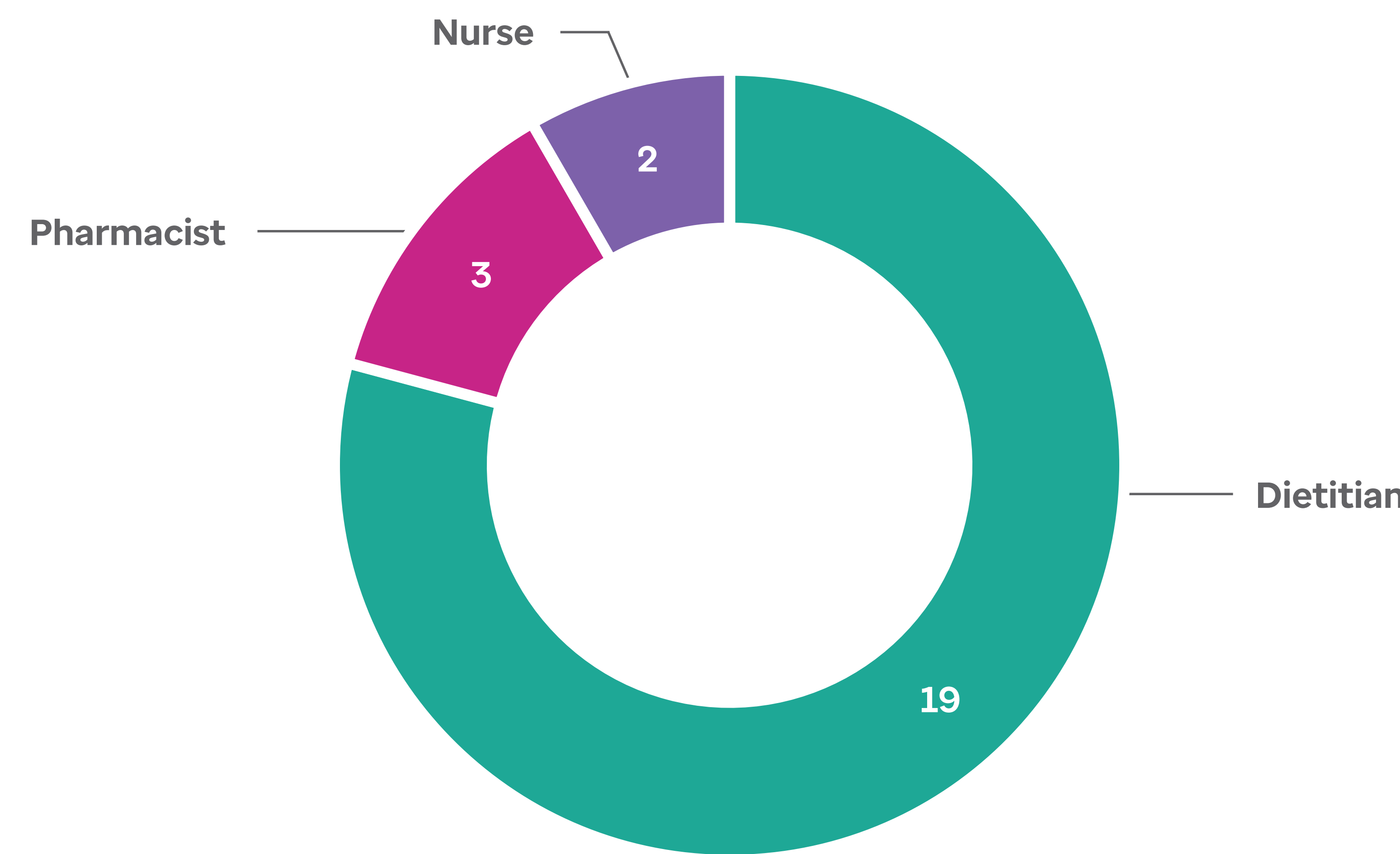


Figure 1. Hesitant to wean HPN due to nutrients falling below Medicare criteria

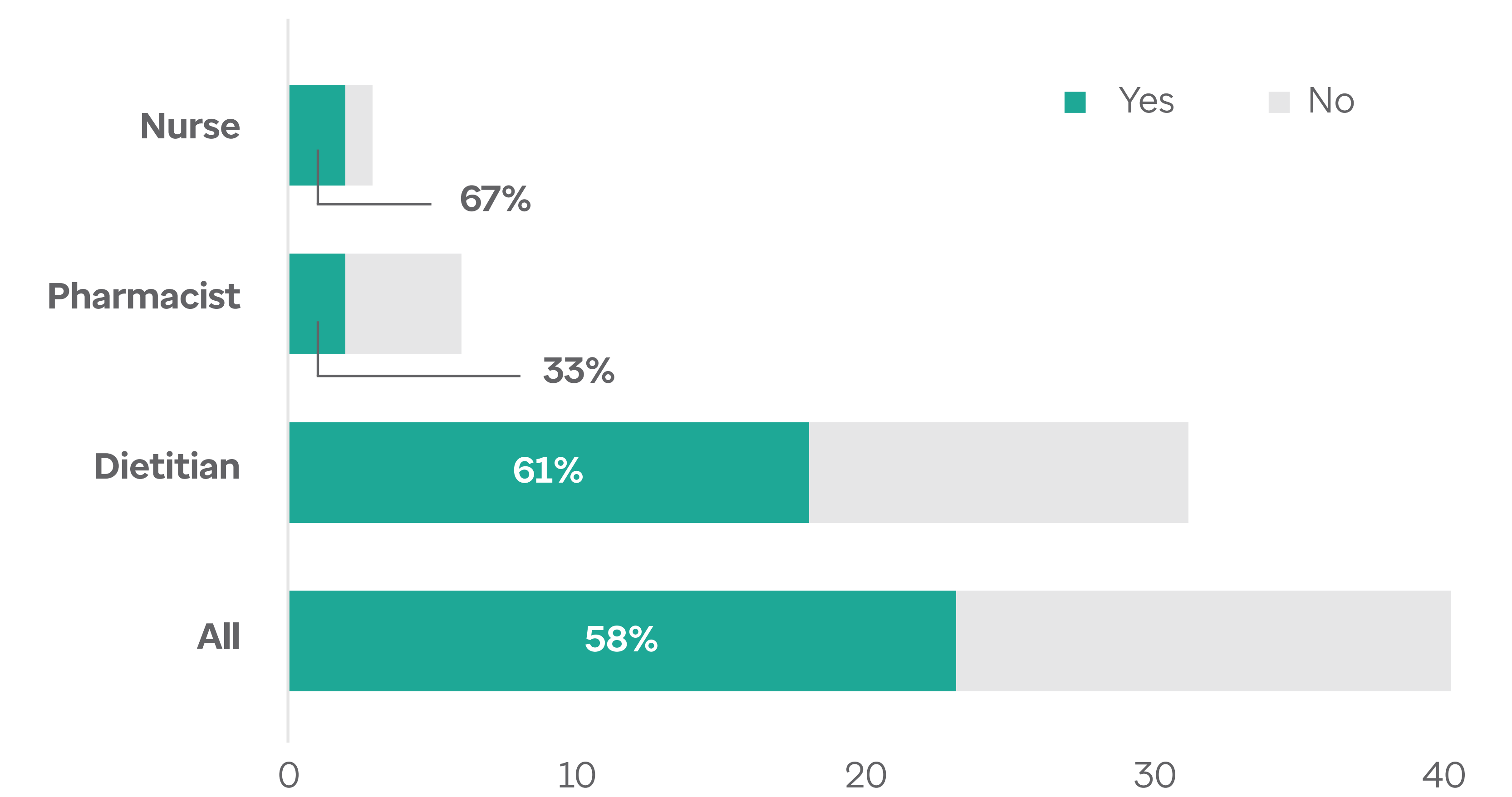


Chart 1. Does your weaning approach differ for Medicare beneficiaries?

## Conclusion

Management of HPN includes weaning from therapy as a patient improves and transitions to an oral or enteral diet. This survey suggests clinicians view the Medicare PN LCD as a barrier to weaning HPN when medically appropriate. Since CMS retired the DIF in 2023, HPN documentation will come under greater scrutiny in audits. This is a concern for Medicare beneficiaries, since clinical decisions can become heavily influenced by insurance coverage and medical necessity guidelines. When weaning HPN, suppliers must obtain thorough documentation supporting medical necessity for HPN prescriptions that fall below Medicare's specified range. Ongoing public policy and advocacy efforts are crucial to improve clinically appropriate care for Medicare beneficiaries.

## Sources

1. Medicare. Local Coverage Determinations (LCD) challenge. [medicare.gov/claims-appeals/local-coverage-determinations-lcd-challenge](https://www.medicare.gov/claims-appeals/local-coverage-determinations-lcd-challenge). Accessed August 23, 2023.
2. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD) Parenteral Nutrition. [cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=38953](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=38953). Accessed August 23, 2023.

