Weaning Medicare patients from HPN:
Can supporting documentation prevent financial recoupment?

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Background

Patients dependent on home parenteral nutrition (HPN) may experience improvements in medical conditions over time, reducing reliance on infusions. Parenteral solutions may decrease as enteral and/or oral tolerance increases. However, when Medicare Part B covers HPN, the prescription must meet reasonable and necessary criteria outlined in the Local Coverage Determination (LCD) and other applicable Medicare statutory and regulatory documents.[1,2] If any components fall out of the range considered reasonable and necessary, the treating practitioner must document medical necessity for intake outside this range. Additionally, the medical record must substantiate nutrients provided and/or frequency of HPN infusions in a specified time period. Despite thorough documentation, payment is not guaranteed, and claims may be denied and/or funds recouped. Providing HPN that does not meet Medicare requirements poses financial risk for both the infusion company and beneficiary.

Methods

Medicare beneficiaries, all of whom received HPN from a single, national home infusion provider, were included in the review. For all 35 recipients, HPN was weaned between January 2022 and March 2025. Working closely with revenue cycle management specialists (RCM), nutrition support clinicians identified 11 claims that were audited during the HPN wean. Electronic Medical Records (EMR) for those 11 claims were further examined to determine if audits were for clinical documentation and if records supported the weaning process, preventing recoupment of funds. Sterile compounding strategies were implemented to avoid wastage. Also, the organization followed ASPEN, NHIA, ISMP and manufacturer guidance while partnering closely with supply chain. Therapy changes required patient education and communication with prescribers.

Results

Results (Figure 1)

- Of the 35 beneficiaries reviewed, 11 claims received an in-depth analysis since audits occurred during the HPN wean (Table 1).
- Of these 11 claims, 4 were audited specifically for clinical documentation.
- Of these 4 claims, the EMR showed documentation supporting the wean for 3 of them.
- None of these 4 claims had any funds recouped.

Figure 1. Audits during HPN wean

Conclusion

When a patient is ready to wean from HPN, a stepwise approach is typically employed to ensure maintenance of weight and strength commensurate with the patient's general condition. Abruptly stopping HPN can lead to unnecessary setbacks and unstable medical status. Unfortunately, Medicare Part B coverage poses a unique scenario, potentially forcing prescribers and suppliers to prioritize either a wean that is clinically conservative or one that carries low financial risk. In this examination of a small population, no reimbursement payments were recouped due to lack of clinical documentation. Obtaining supporting evidence from the treating practitioner during the weaning process allows beneficiaries to transition off HPN safely while reducing financial risk for the home infusion company and beneficiary. Although the sample size was small, larger surveys would likely further validate the importance of essential documentation when nutrients fall outside of reasonable and necessary requirements. To encourage safe weaning practices, the Centers for Medicare and Medicaid Services should include guidance in the LCD for the gradual reduction of HPN. In addition, collaboration between clinicians and RCM specialists during audits is helpful to ensure the appropriate documentation is provided to the auditing entity.

Table 1. Criteria for claim review

Criteria
HPN weaned sometime between January 2022 and March 2025
Chart audited
Weaning during audited DOS
Audited for clinical documentation

References
1. Medicare Coverage Database Local Coverage Determination (LCD) Parenteral Nutrition (PN), cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=38953
2. Standard Documentation Requirements for All Claims Submitted to DME MACs, https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55426

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