



**FRESENIUS
KABI**

caring for life

Kabiven[®]

(Amino Acids, Electrolytes,
Dextrose, and Lipid Injectable
Emulsion), for intravenous use

Billing & Coding Guide for Healthcare Professionals



The information contained within this document is for educational purposes related to Kabiven[®] and does not provide a complete listing of all coding requirements for all insurance plans. Coverage and Coding requirements vary across insurance companies and the plans they offer. Coverage policies are constantly evolving with payers and are subject to change without notice. Coverage, coding, and billing requirements should be verified by the provider for each patient prior to treatment. Information provided herein is not a guarantee of coverage or payment of Kabiven[®]. It is the sole responsibility of the provider to select proper codes and to ensure the accuracy of all claims used in seeking reimbursement.

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Product Information

BrandName: Kabiven®

Generic Name: amino acids, electrolytes, dextrose and lipid injectable emulsion

Kabiven® Indication¹:

Kabiven® is indicated as a source of calories, protein, electrolytes and essential fatty acids for adult patients requiring parenteral nutrition when oral or enteral nutrition is not possible, insufficient, or contraindicated. Kabiven® may be used to prevent essential fatty acid deficiency or treat negative nitrogen balance in adult patients.

Limitations of Use:

- Not recommended for use in pediatric patients < 2 years including preterm infants because the fixed content of the formulation does not meet nutritional requirements in this age group.

Dosage and Administration

- Kabiven® is indicated for intravenous infusion only into a central vein.
- Ensure the vertical seals between chambers are broken and the contents of all three chambers for Kabiven® are mixed together prior to infusion.

Description:

Kabiven® is a sterile, hypertonic emulsion, for central venous administration, in a three-chamber bag. The product contains no added sulfites.

Chamber 1 contains Dextrose solution for fluid replenishment and caloric supply.

Chamber 2 contains the Amino Acid solution with Electrolytes, which comprises essential and nonessential amino acids provided with electrolytes.

Chamber 3 contains Intralipid® 20% (a 20% Lipid Injectable Emulsion), prepared for intravenous administration as a source of calories and essential fatty acids.

IMPORTANT SAFETY INFORMATION

KABIVEN is indicated for intravenous infusion into a **central vein**. PERIKABIVEN is indicated for intravenous infusion into a **peripheral or central vein**. It is recommended to mix the contents thoroughly by inverting the bags upside down to ensure a homogenous admixture. Ensure the vertical seals between chambers are broken and the contents of all three chambers for KABIVEN and PERIKABIVEN are mixed together prior to infusion. The dosage of KABIVEN and PERIKABIVEN should be individualized based on the patient's clinical condition (ability to adequately metabolize amino acids, dextrose and lipids), body weight and nutritional/fluid requirements, as well as additional energy given orally/enterally to the patient. Prior to administration of KABIVEN and PERIKABIVEN, correct severe fluid, electrolyte and acid-base disorders. Before starting the infusion, obtain serum triglyceride levels to establish the baseline value. Do not exceed the recommended maximum infusion rate of 2.6 mL/kg/hour for KABIVEN and 3.7 mL/kg/hour for PERIKABIVEN.

KABIVEN and PERIKABIVEN are contraindicated in:

- Concomitant treatment with ceftriaxone in neonates (28 days of age or younger).
- Known hypersensitivity to egg, soybean, peanut, or any of the active or inactive ingredients.
- Severe disorders of lipid metabolism characterized by hypertriglyceridemia (with serum triglyceride concentration $\geq 1,000$ g/dL).
- Inborn errors of amino acid metabolism.
- Cardiopulmonary instability.
- Hemophagocytic syndrome.

Clinical Decompensation with Rapid Infusion of Lipid Injectable Emulsions in Neonates and Infants: Acute respiratory distress, metabolic acidosis, and death after rapid infusion of intravenous lipid emulsions have been reported.

Parenteral Nutrition-Associated Liver Disease: Increased risk in patients who receive parenteral nutrition for greater than 2 weeks. Monitor liver tests; if abnormalities occur, consider discontinuation or dosage reduction.

Pulmonary Embolism and Respiratory Distress due to Pulmonary Vascular Precipitates: If signs of pulmonary distress occur, stop the infusion and initiate a medical evaluation.

Hypersensitivity reactions: Monitor for signs or symptoms and discontinue infusion if reactions occur.

Precipitation with Ceftriaxone: Do not administer ceftriaxone simultaneously with KABIVEN or PERIKABIVEN via a Y-site.

Infection, fat overload, hyperglycemia and refeeding complications: Monitor for signs and symptoms; monitor laboratory parameters.

The most common adverse reactions for KABIVEN ($\geq 3\%$) are nausea, pyrexia, hypertension, vomiting, decreased hemoglobin, decreased total protein, hypokalemia, decreased potassium, and increased gamma glutamyltransferase. The most common adverse reactions for PERIKABIVEN ($\geq 3\%$) are hyperglycemia, hypokalemia, pyrexia, and increased blood triglycerides.

To report SUSPECTED ADVERSE REACTIONS, contact Fresenius Kabi USA, LLC at 1-800-551-7176, option 5, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Coumarin and coumarin derivatives, including warfarin: Anticoagulant activity may be counteracted; monitor laboratory parameters.

This Important Safety Information does not include all the information needed to use KABIVEN and PERIKABIVEN safely and effectively. Please see full prescribing information for KABIVEN and PERIKABIVEN (amino acids, electrolytes, dextrose and lipid injectable emulsion), for intravenous use at **Kabiven PI or **Perikabiven PI**.**



**Prescribing Information:
To access Kabiven® Prescribing
Information, please use the QR
code or link below.**

<https://freseniuskabinitration.com/KabivenPI>

Coding

Including:

- **NDC** (National Drug Code, assigned by the FDA to identify specific drugs)
- **ICD-10-CM** (International Classification of Diseases, 10th Revision, Clinical Modification, assigned by WHO, World Health Organization to classify diagnoses, used in all places of service)
- **HCPCS** (Healthcare Common Procedure Coding System assigned by CMS to identify products or procedures)

NDC - National Drug Code (The NDC, or National Drug Code, is a unique 10-digit or 11-digit, 3 segment number, and a universal product identifier for human drugs in the United States.)

The 3 segments of the NDC identify:

- The labeler (Segment #1)
- The product (Segment #2)
- The commercial package sizes (Segment #3)

The NDC Codes below are assigned to Kabiven[®] (also known as: “Dextrose, Soybean Oil, Electrolytes, Lysine, Phenylalanine, Leucine, Valine, Threonine, Methionine, Isoleucine, Tryptophan, Alanine, Arginine, Glycine, Proline, Histidine, Glutamic Acid, Serine, Aspartic Acid and Tyrosine”), a human prescription drug labeled by Fresenius Kabi USA, LLC.

NDC	Description	Concentration	Strength	Fill Volume
63323-712-10	Three Chamber Bag/Kabiven [®] (Amino Acids, Electrolytes, Dextrose, and Lipid Injectable Emulsion) for Central Infusion	870 kcal	3.3% Amino Acids, 0.7% Electrolytes, 9.8% Dextrose and 3.9% Lipid Injectable Emulsion	1026 mL
63323-712-15	Three Chamber Bag/Kabiven [®] (Amino Acids, Electrolytes, Dextrose, and Lipid Injectable Emulsion) for Central Infusion	1310 kcal	3.3% Amino Acids, 0.7% Electrolytes, 9.8% Dextrose and 3.9% Lipid Injectable Emulsion	1540 mL
63323-712-20	Three Chamber Bag/Kabiven [®] (Amino Acids, Electrolytes, Dextrose, and Lipid Injectable Emulsion) for Central Infusion	1745 kcal	3.3% Amino Acids, 0.7% Electrolytes, 9.8% Dextrose and 3.9% Lipid Injectable Emulsion	2053 mL
63323-712-25	Three Chamber Bag/Kabiven [®] (Amino Acids, Electrolytes, Dextrose, and Lipid Injectable Emulsion) for Central Infusion	2180 kcal	3.3% Amino Acids, 0.7% Electrolytes, 9.8% Dextrose and 3.9% Lipid Injectable Emulsion	2566 mL

For reimbursement purposes, some payers may require the Healthcare Provider (HCP) to include NDCs on the claim form. For claims-reporting purposes, some payers may also require HCPs to convert the 10-digit NDC to an 11-digit NDC by adding a “0” (zero) where appropriate to create a 5-4-2 configuration. The zero is added in front of the second segment of numbers when the 10-digit format is the 5-3-2 configuration. Below is an example of converting a 10-digit NDC to an 11-digit NDC for Kabiven[®]:
NDC 63323-712-20 would become NDC 63323-0712-20

Coding (continued)

ICD-10-CM - International Classification of Diseases, 10th Revision, Clinical Modification

Parenteral nutrition is the provision of nutritional requirements intravenously and the various insurance plans (Medicare, Medicaid, Commercial, etc.) may have specific policies pertaining to parenteral nutrition medical necessity requirements for patients. Below is a table of applicable common diagnosis codes that may be covered by an insurance company. Patient specific diagnosis should be validated with the patient's insurance company. The list below provides examples of possible diagnosis codes and is not all inclusive:

Description	Diagnosis Code
Malabsorption due to intolerance, not elsewhere classified	K90.48
Complete intestinal obstruction, unspecified as to cause	K56.601
Acute Infarction of intestine, part and extent unspecified	K55.069
Postsurgical malabsorption, not elsewhere classified	K91.2
Acquired absence of other specified parts of digestive tract	Z90.49
Fistula of Stomach and duodenum	K31.6
Gastroenteritis and colitis due to radiation	K52.0
Gastrointestinal transplantation	Z94.82
Irritable Bowel Syndrome	K58.1

Coding (continued)

HCPCS Coding (Healthcare Common Procedure Coding System)

HCPCS codes (Healthcare Common Procedure Coding System) identify a specific product. Below is a table that lists the HCPCS code options for Kabiven®. Note: Depending on the formulation (NDC), there are two HCPCS codes used for billing. Provision of these codes is not a guarantee that the codes will be accepted by every payer. It is important to verify coverage of these codes with each patient's insurance plan.

(Three Chamber Bag/Kabiven® (Amino Acids, Electrolytes, Dextrose, and Lipid Injectable Emulsion) for Central Infusion)

NDC	Fill Volume	Description	Concentration	HCPCS Code Options	HCPCS Code Options - Lipids
63323-712-10	1026 mL	34g Amino Acid 40g Lipids	870 kcal	*B4189 - Parenteral nutrition; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 - 51g of protein, premix	**B4185 - Parenteral Nutrition Solution, Not Otherwise Specified, 10 Grams Lipids
63323-712-15	1540 mL	51g Amino Acid 60g Lipids	1310 kcal	*B4189 - Parenteral nutrition; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 - 51g of protein, premix	**B4185 - Parenteral Nutrition Solution, Not Otherwise Specified, 10 Grams Lipids
63323-712-20	2053 mL	68g Amino Acid 80g Lipids	1745 kcal	*B4193 - Parenteral nutrition; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 - 73g of protein, premix	**B4185 - Parenteral Nutrition Solution, Not Otherwise Specified, 10 Grams Lipids
63323-712-25	2566 mL	85g Amino Acid 100g Lipids	2180 kcal	*B4197 - Parenteral nutrition; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 - 100g of protein, premix	**B4185 - Parenteral Nutrition Solution, Not Otherwise Specified, 10 Grams Lipids

*Billing Units: HCPCS codes B4189, B4193 and B4197 should be billed with a billing unit of "1" for each of the days in the month that is being billed for. For example, June has 30 days in it, therefore the billing unit when billing for the month of June should be "30". This number should be in box 24G on the CMS 1500 claim form.

**HCPCS Code B4185 should be billed with a billing unit of "1" for each 10 Grams. When administered for a 30-day period at 40g per day, the total billing units would be 120.

Coding (continued)

Coding for Equipment and Supplies

The following HCPCS codes are associated with the listed equipment and supplies:

Equipment	HCPCS Code
IV Pole	E0776
Parenteral Nutrition Infusion Pump, Stationary	B9006
Parenteral Nutrition Supply Kit; Premix, Per Day	B4220
Parenteral Nutrition Administration Kit, Per Day	B4224

If the coverage requirements for parenteral nutrition are met, one supply kit (B4220) and one administration kit (B4224) will be covered for each day that parenteral nutrition is administered. For example, June has 30 days, therefore the billing unit when billing for the month of June should be "30". This number should be in box 24G on the CMS 1500 claim form.

When parenteral nutrition is administered in an outpatient facility, the pump used for its administration and IV pole will be denied as not separately payable. The pump and pole are not considered as rentals to a single beneficiary, but rather, as items of equipment used for multiple beneficiaries. Services associated with the administration of parenteral nutrition in a beneficiary's home are not a covered benefit administered by the DME MACs.

Modifiers:

When an IV pole (E0776) is used in conjunction with parenteral nutrition, the BA modifier should be added to the code. Code E0776 is the only code with which the BA modifier may be used. Modifiers are to be placed in Box 24D of the CMS-1500. Up to 4 modifiers can be attached to each HCPCS code.

Coding (continued)

Place of Service Codes

Place of Service Codes tell the insurance company where Kabiven® is administered. The Place of Service code should be placed in Box 24B of the CMS-1500. Coverage of Parenteral Nutrition is based on the patient's place of service. Products are either paid for using HCPCS codes and payment amounts on the payer's fee schedule or on a "Per Diem" rate. Per Diem means the facility is paid a daily or monthly amount to provide all services to the patient, which includes their daily nutritional needs. Per Diem rates apply to hospital inpatient or Skilled Nursing Facilities.

Place of Service Code	Place of Service Name	Place of Service Description	Coverage of Parenteral Nutrition
12	Home	Location, other than hospital or other facility, where the patient receives care in a private residence	Billed with HCPCS codes
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hrs. per day, 7 days a week	Billed with HCPCS codes
21	Inpatient Hospital	A facility, which primarily provides diagnostic, therapeutic, and rehab services by, or under supervision of physicians to patients admitted due to various medical conditions	Considered a "Per Diem" situation. Hospitals are paid a fixed rate that includes parenteral nutrition
24	Ambulatory Surgical Center	A freestanding facility other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis	Billed with HCPCS codes
31	Skilled Nursing Facility	A facility that provides inpatient skilled nursing to patients but does not provide level of care available in a hospital	Considered a "Per Diem" situation. Skilled facilities are paid a fixed rate that includes parenteral nutrition

Payer Types

Medicare- A federal system of health insurance for people who are 65 years of age or older, for certain younger people with disabilities, and for people with end-stage renal disease (ESRD). Medicare coverage is categorized into four groups:

Part A - Hospital Inpatient

Part B - Durable Medical Equipment (prosthetics/orthotics and Enteral/Parenteral Nutrition, Outpatient, Home Health

Part C - Medicare Advantage Plans

Part D - Prescription Drug Coverage

Kabiven® is considered a parenteral nutrition product. Parenteral nutrition that is eligible for coverage under Medicare Part B is billed to the respective DME-MAC (Durable Medical Equipment Medicare Administrative Contractor).

Below is a table that provides the names of the commercial insurers that have been awarded the DME-MAC contracts for 2022 by state:

2022 Medicare Administrative Contractors for DME-MAC Coverage

Jurisdiction	States Covered	Medicare Administrative Carrier (MAC)
DME A	CT DE DC MA MD ME ML NH NJ NY PA RI VT	Noridian Healthcare Solutions, LLC
DME B	IL IN KY MI MN OH WI	CGS Administrators, LLC
DME C	AL AR CO FL GA LA MS NM NC OK PR SC TN TX U.S. VIRGIN ISLANDS VA WV	CGS Administrators, LLC
DME D	AK AMERICAN SAMOA AZ CA GUAM HI ID IA KS MO MT NE NV ND NORTHERN MARIANA ISLANDS OR SD UT WA WY	Noridian Healthcare Solutions, LLC

Medicare Advantage - Medicare coverage via commercial insurance companies that offer an alternative to Traditional Medicare by providing bundled coverage for Part A, Part B, and usually Part D. These plans are also referred to as Part C.

Medicaid- A federal/state system of health insurance for those patients requiring financial assistance.

Commercial- Health insurance that is typically offered via an employer or purchased by the patient directly from a for-profit insurance company.

Coverage Policy

Medicare

The following is a brief summary of Medicare's coverage of parenteral nutrition. Medicare's coverage policy is particularly important due to the fact that other insurance types (Medicare Advantage, Medicaid and Commercial) often follow Medicare's coverage policy.

Medicare's coverage of Parenteral Nutrition was previously standardized by implementation of a National Coverage Determination (NCD) for Enteral and Parenteral Nutritional Therapy (180.2.) However, effective 01/01/2022 Medicare's coverage for Parenteral Nutrition was standardized by a Medicare Local Coverage Determination (LCD) L38953 that can be accessed at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38953>

The purpose of a Local Coverage Determination (LCD) is to provide information regarding "reasonable and necessary" criteria based on Social Security Act § 1862(a)(1)(A) provisions.

Medicare Advantage and Commercial Insurance

For Medicare Advantage, according to federal law, Part C providers must provide their beneficiaries with all services and supplies that Traditional Medicare Parts A and B cover (Medicare.org). However, coverage policies for Medicare Advantage insurance plans should be verified. For Commercial insurance plans, coverage policies will vary and should be verified.

Parenteral Nutrition Coverage

Medicare

As per Medicare LCD L38953, "For parenteral nutrition to be considered reasonable and necessary, the treating practitioner must document that enteral nutrition has been considered and ruled out, tried and been found ineffective, or that EN exacerbates gastrointestinal tract dysfunction. The beneficiary must have (a) a condition involving the small intestine and/or its exocrine glands which significantly impairs the absorption of nutrients or (b) disease of the stomach and/or intestine which is a motility disorder and impairs the ability of nutrients to be transported through and absorbed by the gastrointestinal (GI) system. The beneficiary must have a permanent impairment." However, as per LCD-related Policy Article (A58836), "this does not require a determination that there is no possibility that the beneficiary's condition may improve sometime in the future. If the medical record, including the judgement of the treating practitioner, indicates that the impairment will be of long and indefinite duration, the test of permanence is considered met." The LCD-related Policy Article (A58836) can be accessed at: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58836>.

Below is a listing of several of the Medicare coverage requirements for Parental Nutrition. Please refer to LCD L38953 and the LCD-related Policy Article (A58836) for a more complete listing of coverage requirements.

- Test of Permanence - Coverage of parenteral nutrition requires that a beneficiary must have a permanent impairment. However, this does not require a determination that there is no possibility that the beneficiary's condition may improve sometime in the future. If the medical record, including the judgment of the treating practitioner, indicates that the impairment will be of long and indefinite duration, the test of permanence is considered met.
- The treating practitioner is required to evaluate the beneficiary within 30 days prior to initiation of parenteral nutrition. If the treating practitioner does not see the beneficiary within this timeframe, they must document the reason why and describe what other monitoring methods were used to evaluate the beneficiary's parenteral nutrition needs. There must be documentation in the medical record supporting the clinical diagnosis.
- Nutrients - A total caloric daily intake of 20-35 cal/kg/day is considered reasonable and necessary to achieve or maintain appropriate body weight. The treating practitioner must document the medical necessity for a caloric intake outside this range in an individual beneficiary.
- The treating practitioner must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day (B4168, B4172, B4176, B4178), dextrose concentration less than 10% (B4164, B4180), or lipid use per month in excess of the product-specific, FDA-approved dosing recommendations (B4185, B4187).
- Special nutrient formulas, HCPCS codes B5000, B5100, and B5200 are produced to meet the unique nutrient needs for specific disease conditions. The beneficiary's medical record must adequately document the specific condition and the necessity for the special nutrient.

Parenteral Nutrition Coverage (continued)

- Prescription/Orders - A Standard Written Order (SWO) must be communicated to the supplier before a claim is submitted. Medicare requires a DME Information Form (DIF) be completed, signed, and dated by the supplier, must be kept on file by the supplier and made available upon request. The DIF form for parenteral nutrition is CMS 10126 -ENTERAL AND PARENTERAL NUTRITION. The initial claim must include an electronic copy of the DIF. No more than one month's supply of parenteral nutrients, equipment or supplies is allowed for one month's prospective billing.
- Medical Records - Documentation in the medical record shall reflect that the beneficiary has (a) a condition involving the small intestine and/or its exocrine glands which significantly impairs the absorption of nutrients or (b) disease of the stomach and/or intestine which is a motility disorder and impairs the ability of nutrients to be transported through and absorbed by the gastrointestinal (GI) system. Suppliers are required to monitor the beneficiary's medical condition to confirm that the coverage criteria for parenteral nutrition continue to be met.
- Correct Coding - An item/service must meet all coding guidelines established by CMS.
- Proof of Delivery - Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files.

Medicare Advantage and Commercial Insurance

Compared to Traditional Medicare, Medicare Advantage plans may have additional rules related to network status, member cost share, and authorization requirements. Commercial insurance plans may have different coverage and authorization criteria for Parenteral Nutrition. For Medicare Advantage and Commercial insurance plans, coverage criteria requirements should be verified.

Benefit Verification and Authorization

Performing a Benefit Verification

Coverage criteria for each individual patient should be validated by contacting the patient's insurance company directly.

Below is some important information to be gathered from the insurance company during a Benefit Verification:

Questions to Ask During Insurance Verification:

- Confirm eligibility - Is the patient's plan current?
- What is the provider's network status?
- Are the reimbursement codes valid and billable?
- What is the patient's out of pocket cost?
 - Co-payment/Co-insurance
 - Deductible Amount and Accumulation
 - Maximum Out-of-Pocket and Accumulation
- Has the patient met their lifetime benefit max?
- What is the address to submit claims to?

Prior Authorization

Medicare does not require precertification/prior authorization for Parenteral Nutrition. However, it is important that medical documentation include the requirements outlined within the Medicare Parenteral Nutrition LCD L38953 and the related Article A58836.

Some insurance plans, including Medicare Advantage and Commercial, may require a Prior Authorization for Kabiven®.

Questions to Ask Regarding Prior Authorization:

- Is Prior Authorization Required?
- What is the insurer's Prior Authorization process?
- What is the fax or telephone number to the Prior Authorization unit within the insurer?
- What information will the Prior Authorization unit request, including any supporting documentation?
- How long does the Prior Authorization process take?

Fresenius Kabi is a global healthcare company that specializes in lifesaving medicines and technologies for infusion, transfusion, and clinical nutrition. Our products are used to help care for critically ill and chronically ill patients in hospitals, long-term care facilities, and at home
For more information about Fresenius Kabi, please visit www.fresenius-kabi.com/us.

For information on **Kabiven®** (amino acids, electrolytes, dextrose and lipid injectable emulsion), visit <https://freseniuskabinutrition.com/products/kabiven-perikabiven/>.

For Fresenius Kabi product availability and ordering call **1-888-386-1300**.

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