CHEMOTHERAPY OBSERVATION OR INPATIENT HOSPITALIZATION

Guideline Number: URG-02.05 Effective Date: May 1, 2019

COVERAGE RATIONALE

Most cancer chemotherapies can be administered safely and effectively in a physician office or through home healthcare services. However, because of the risk of certain toxicities or individual comorbidities, some cancer chemotherapy may be administered either in a facility observation or inpatient unit.

The following drugs may require observation or inpatient hospital stay:
- Campath® (alemtuzumab)
- Cisplatin (high-dose) > 75 mg/m2
- Interleukin 2 infusion
- Ifosfamide infusion > 1g/m2/day (usually given consecutive days)
- Methotrexate > 500 mg/m2
- Other complex multiple-drug or multiple-day regimens such as Hyper-CVAD, ESHAP or EPOCH, Einhorn regimen

The following are clinical conditions or complications of cancer chemotherapy which, when present, may require an observation stay:
- Known hypersensitivity reactions from previous infusion
- Congestive heart failure or chronic renal failure requiring high volume fluid infusions
- Transcatheter arterial chemoembolization (TACE) or intra-arterial chemotherapy infusion
- Comorbidities that require an observation or overnight stay
- Cancer chemotherapy administered during a hospitalization for an unrelated problem

The following are clinical conditions which require an inpatient hospital stay:
- Acute leukemia induction therapy or consolidation therapy
- Intra-arterial infusion of chemotherapy
- Prophylaxis of tumor lysis syndrome in cases of high grade lymphoma with large masses
- Comorbidities that require an inpatient stay

Conditions requiring observation or inpatient hospital treatment other than those noted above will be reviewed on a case-by-case basis.

For medical necessity clinical coverage criteria, see MCG™ Care Guidelines, 23rd edition, 2019, for the following:
- Observation care criteria for chemotherapy: Chemotherapy: Observation Care OCG: OC-008 (ISC)
- Inpatient admission criteria for administration of chemotherapy: Chemotherapy: ORG: M-87 (ISC) and Neutropenia after Chemotherapy ORG: P-300 (ISC)
- Admission to home health services for all the above drugs or therapeutic agents: Chemotherapy: ORG: M-2087 (HC) and Neutropenia after Chemotherapy ORG: P-2300 (HC)
- Use of infusion pump for delivery of chemotherapy and therapeutic agents: Infusion Pump: ACG: A-0618(AC)

Click here to view the MCG™ Care Guidelines.
Additional Review Points

- A written protocol will be expected to be followed by the provider administering the chemotherapy drug.
- Any requests for an extension of the inpatient stay beyond the recommended day(s) must be clinically reviewed.

DESCRIPTION OF SERVICES

Observation Care: Well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether an individual will require further treatment as a hospital inpatient or if they are able to be discharged (CMS Medicare).

TACE (Transcatheter Arterial Chemoembolization): This procedure is one form of treatment for primary or secondary liver neoplasms. Various chemotherapy drugs are administered through a catheter into the feeding artery of a tumor in the liver, the drugs can including Adriamycin, Cisplatinum, etc. This procedure is performed by an interventional radiologist usually at a hospital radiology suite and requested by a radiologist or a radiology department.

REFERENCES


GUIDELINE HISTORY/REVISION INFORMATION

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<tr>
<th>Date</th>
<th>Coverage Rationale</th>
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<tbody>
<tr>
<td>12/04/2019</td>
<td>Added reference link to MCG™ Care Guidelines</td>
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<tr>
<td>05/01/2019</td>
<td>Updated coverage rationale; replaced references to “observation unit” with “observation” (no change to guidelines)</td>
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<td>Archived previous policy version URG-02.04</td>
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INSTRUCTIONS FOR USE

This Utilization Review Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Utilization Review Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.