

CHEMOTHERAPY OBSERVATION OR INPATIENT HOSPITALIZATION

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[Instructions for Use](#) ⓘ

Table of Contents	Page
COVERAGE RATIONALE	1
DESCRIPTION OF SERVICES	2
REFERENCES	2
GUIDELINE HISTORY/REVISION INFORMATION	2
INSTRUCTIONS FOR USE	2

Related Policies
None

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 patient co-morbidities, 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
- Ifosphamide 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)

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 a member 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

Chemocare (Cleveland Clinic Foundation) at: <http://www.chemocare.com/bio/interleukin.asp> (Accessed March 7, 2019)

Drugs at FDA at: <http://www.accessdata.fda.gov/scripts/cder/daf/> (Accessed March 7, 2019)

Medicare Benefit Policy Manual, Chapter 6-Hospital Services Covered Under Part B, section 20.6-Outpatient Observation Services, A. Outpatient Observation Services Defined: at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c06.pdf> (Accessed March 7, 2019)

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
05/01/2019	<ul style="list-style-type: none">• Updated coverage rationale; replaced references to "observation unit" with "observation" (no change to guidelines)• Archived previous policy version MMG018.H

INSTRUCTIONS FOR USE

This Medical Management 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 benefit 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 Medical Management 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 West Medical Management 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.

Member benefit coverage and limitations may vary based on the member's benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.