Clinical Policy: Infusion Therapy Site of Care Optimization

Reference Number: LA.CP.MP.159
Last Review Date: 1/20 **Revision Log**

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Specialty infusion therapy is the intravenous administration of medication that helps members manage complex and often chronic conditions.

Policy/Criteria

I. **It is the policy of Louisiana Healthcare Connections that patient intravenous (IV) or injectable therapy service in an outpatient hospital department is medically necessary when meeting any of the following indications:**
   - A. **Monitoring and advanced treatment capabilities must be available beyond what would routinely be needed for infusion therapy due to medical instability;**
   - B. **It is the administration of the initial dose of the treatment or restart of treatment after a 6 month disruption in treatment;**
   - C. **There is no home infusion provider or ambulatory infusion center to provide services;**
   - D. **The patient is homeless or resides in a setting which does not meet standards for safe infusion, and there is no ambulatory infusion center to provide services;**
   - E. **The FDA approved indications require this site of care for administration;**
   - F. **There is history of a severe or life-threatening acute adverse reaction to the prescribed treatment and the adverse reaction cannot be managed through premedication in the home or office setting.**

II. **It is the policy of LHCC that requests for outpatient IV or injectable therapy not meeting the above listed criteria should be provided in an alternate less intensive site of care.**

Background

LHCC may also use tools developed by third parties, such as the InterQual™ Guidelines, and other consensus guidelines and evidence-based medicine, to assist us in administering health benefits. The InterQual™ Care Guidelines and other 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.

Reviews, Revisions, and Approvals	Date	Approval Date
Created policy from CP.MP.159	1/20	

References

1. **Polinski JM, et al. Home infusion: Safe, clinically effective, patient preferred, and cost saving. Healthcare 5 (2017) 68-80.**

2. Santillo M, Jenkins, A, Jamieson C. Guidance on the Pharmaceutical Issues concerning OPAT (Outpatient Parenteral Antibiotic Therapy) Services and other Outpatient Intravenous Therapies. Edition 1, April 2018. NHS Pharmaceutical Quality Assurance Committee 2018
3. Nelson, S and Ard, KL. Outpatient Parenteral Antimicrobial Therapy. UpToDate. Accessed October 9, 2019.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.