Clinical Policy: Sickle Cell Disease Observation

Reference Number: LA.CP.MP.88
Last Review Date: 08/2020 Revision Log

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

Description
Medical necessity criteria for sickle cell disease observation status.

Policy/Criteria

I. It is the policy of Louisiana Healthcare Connections that the observation level of care is medically necessary for members who do not meet inpatient status criteria per a nationally recognized clinical decision making support tool, but who meet the following criteria:

A. Episode Day 1:
   1. Intractable pain despite routine home therapy (including narcotics, heat, massage, rest, etc.), *and*
   2. Suboptimal improvement in pain following at least 4-6 hours of intravenous (IV) or intramuscular (IM) analgesic treatment in the emergency department (ED) or an alternate outpatient setting, *and*
   3. Requires continued IV or IM analgesic treatment and/or IV fluids for pain management.

B. Episode Day 2:
   Any days beyond episode day one in observation that do not meet inpatient criteria must be reviewed by a physician. Lack of scheduled or continuous dosing of analgesics and adequate IV fluids indicate suboptimal treatment of a vaso-occlusive pain crisis.

C. Discharge Criteria:
   1. Pain is controlled with oral analgesics; *and*
   2. Adequate oral intake; *and*
   3. Patient educated on comprehensive pain plan tailored to his/her individual needs.

Background
Episodes of acute pain are the most common type of vaso-occlusive event in sickle cell disease (SCD). An acute pain episode is the most common reason for individuals with SCD to seek medical attention. Pain can be triggered by things such as stress, weather conditions, dehydration, infection, menses, overexertion, and alcohol consumption, but most episodes have no identified cause. The pain most commonly affects the back, chest, extremities, and abdomen, but can occur in any area of the body. Pain ranges from mild to excruciating and can be accompanied by objective clinical signs such as fever, swelling, tenderness, tachypnea, hypertension, nausea and vomiting.

Every individual with SCD should have an established pain plan tailored to his or her needs. These plans should outline how to appropriately manage their pain at home and include pre-defined thresholds for the use of opioids and when to contact their health care providers. When adequate relief is not achievable in the home, patients often present to the ED for treatment.

When patients present to the ED with acute pain, other causes of the pain should be excluded, particularly infection, prior to developing a treatment strategy. An acute pain crisis is best managed with optimal hydration and aggressive pain relief. IV fluid resuscitation and analgesics can be effectively administered in the observation setting when efforts at treating the pain episode at home are unsuccessful and the pain is not severe enough to warrant an inpatient admission.

Reviews, Revisions, and Approvals	Date	Approval Date
Converted corporate to local policy.	08/15/2020	

References

1. Ballas SK. Current issues in sickle cell pain and its management. Hematology 2007. 2007;1:97-105.
2. DeBaun MR, Vichinsky EP. Vaso-occlusive pain management in sickle cell disease. In: UpToDate, Mahoney DH, Schrier SL (Ed), UpToDate, Waltham, MA. Accessed 07/01/20.
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4. McKesson Corporation InterQual® criteria
5. U.S. Department of Health and Human Services, National Institutes of Health and National Heart, Lung, and Blood Institute. Evidence-based management of sickle cell disease. Expert Panel Report, 2014. Accessed 07/02/20 at https://www.nhlbi.nih.gov/health-topics/evidence-based-management-sickle-cell-disease
6. Vichinsky EP. Overview of the clinical manifestations of sickle cell disease. In: UpToDate, Schrier SL (Ed), UpToDate, Waltham, MA, 2014. Accessed 07/01/20.
7. Cline DM, Silva S, Freiermuth CE, et al. Emergency Department (ED), ED Observation, Day Hospital, and Hospital Admissions for Adults with Sickle Cell Disease. West J Emerg Med. 2018 Mar;19(2):311-318.
8. Schatz AA, Oliver TK, Swarm, RA, et al. Bridging the Gap Among Clinical Practice Guidelines for Pain Management in Cancer and Sickle Cell Disease. Journal of the National Comprehensive Cancer Network. Volume 18: Issue 4, April 2020. https://doi.org/10.6004/jnccn.2019.7379

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.

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