

Medical Policy



An Independent Licensee of the
Blue Cross and Blue Shield Association.

Title: Respiratory Syncytial Virus (RSV)

Professional

Original Effective Date: December 20, 2002
Revision Date(s): October 31, 2002;
February 1, 2003; February 1, 2004;
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Institutional

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DESCRIPTION

Respiratory syncytial virus (RSV) is the most common cause of lower respiratory infections in children. Those at highest risk include those less than 2 years old with prematurity, chronic lung disease (CLD, [formerly known as bronchopulmonary dysplasia]), congenital heart disease, multiple congenital anomalies, and certain immunodeficiencies. Infections typically occur in the winter months. In the United States, RSV is associated with 90,000 pediatric hospitalizations annually and 45,000 deaths.

In 1998, the U.S. Food and Drug Administration (FDA) approved palivizumab (Synagis), a humanized RSV monoclonal antibody that can be administered intramuscularly. For either product, patients receive monthly infusions or injections throughout the RSV winter season. A total of 5 doses is typical.

POLICY

RSV-Ig is medically necessary and administered once a month during the RSV season (November through April) when the following apply:

1. CLD (Bronchopulmonary dysplasia)
 - Children less than two (2) years of age with CLD that have required medical treatment, i.e., oxygen, steroids, bronchodilators, for their CLD within the last six months.
2. Prematurity
 - a. Infants born at 28 weeks of gestation or less may receive prophylaxis if less than or equal to 12 months (≤ 12 months) of age at the start of RSV season.
 - b. Infants born at 29 to 32 weeks of gestation (i.e. 32 weeks, 0 days) may receive prophylaxis if less than or equal to 6 months (≤ 6 months) of age at the start of RSV season.
 - c. Infants born at 32 to 35 weeks gestation (i.e. between 32 weeks, 1 day and 35 weeks, 0 days)

- 1) With CLD on medications or treatment (e.g. supplemental oxygen, bronchodilator, diuretic or corticosteroid therapy) within the past six months or
 - 2) Prophylaxis of infants without CLD should be reserved for only those infants who are at the greatest risk of severe infection as defined by two or more of the following risk factors: child care attendance, school-aged siblings, exposure to environmental air pollutants (excluding caregiver smoking), congenital abnormalities of the airways, or severe neuromuscular disease (causing significant respiratory impairment) and less than or equal to six months (≤ 6 months) of age at the start of the RSV season.
3. Heart Disease
- a. Because of the decrease in palivizumab (Synagis®) after the use of cardiopulmonary bypass, a post-operative dose of palivizumab (Synagis®) should be considered.
 - b. Prophylaxis for infants younger than 24 months of age with congenital heart disease is considered medically necessary for an infant (must meet only one of the following):
 - 1) Receiving medication to control congestive heart failure, or
 - 2) With moderate to severe pulmonary hypertension, or
 - 3) With cyanotic heart disease.
4. Although specific recommendations for all immunocompromised patients cannot be made, children with severe immunodeficiencies may benefit from RSV-Ig. Providers may consider substituting RSV-Ig during the RSV season for patients receiving IGIV monthly.
5. Treatment for RSV may be administered in the physician's office, outpatient setting, outpatient hospital setting, or a home health visit.

Not Medically Necessary

1. Prophylaxis is not considered medically necessary for:
 - a. An infant with hemodynamically insignificant heart disease (e.g., secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta and patent ductus arteriosus),
 - b. An infant with lesions adequately corrected by surgery unless they continue to require medication for congestive heart failure, or
 - c. An infant with mild cardiomyopathy who is not receiving medical therapy.
 - d. Children greater than two years of age.

UTILIZATION

RSV-Ig REQUIRES PREDETERMINATION.

CODING

CPT/HCPCS

90378	Respiratory syncytial virus immune globulin for intramuscular use, 50 mg, each
90772	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
C9003	Palivizumab-RSV-IgM, per 50 mg (i.e., Synagis)

DIAGNOSIS

These diagnoses are otherwise subject to medical policy as stated above

396	Diseases of mitral and aortic valves
417	Other disease of pulmonary circulation
424	Other diseases of endocardium
425	Cardiomyopathy
428	Heart failure
491	Chronic bronchitis
745	Bulbus cordis anomalies and anomalies of cardiac septal closure
746	Other congenital anomalies of the heart
747	Other congenital anomalies of circulatory system
765.24	27-28 completed weeks of gestation
765.25	29-30 completed weeks of gestation
765.26	31-32 completed weeks of gestation
765.27	33-34 completed weeks of gestation
V07.2	Prophylactic immunotherapy

REVISIONS

March 22, 2007 with effective date of June 1, 2007	In "Policy" section 2, b., changed the word 'through' to 'to' and added '(i.e. 32 weeks, 0 days)'.
	In "Policy" section 2, c., changed '33' to '32' and added '(i.e. between 32 weeks, 1 day and 35 weeks, 0 days)'.

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Government Agency; Medical Society; and Other Authoritative Publications

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