



Inpatient Protective Isolation

I. Policy

UHA recognizes the guidelines and definitions of protective isolation as referenced by the US Government Centers of Disease Control and Prevention and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

This policy will provide guidelines for coverage of Protective Isolation when considered medically necessary for the health and safety of members in an inpatient (hospital) setting when the member is the potential source (reservoir) or susceptible immunocompromised host of an infectious agent, and when precautions for transmission fall beyond Standard or Universal precautions. While protective isolation may be medically necessary in a home, outpatient, or long term facility setting, these situations are not within the scope of this policy.

II. Criteria/Guidelines

To achieve UHA's goals of safety, appropriateness, and cost effectiveness; UHA will reimburse for the costs of protective isolation within the following guidelines:

- A. UHA considers a wide range of precautions medically necessary within the following categories of transmission of infectious disease, however, UHA will reimburse only for those transmission precautions that fall beyond standard precautions.
 1. Standard or Universal Precautions: prevention practices applied to all patients, regardless of suspected or confirmed infectious status.
 - a. UHA does not reimburse for supplies used for standard precautions, as such precautions are considered standard medical practice for the care of all patients regardless of infectious status.
 2. Contact Precautions: intended to prevent transmission of infectious agents spread by direct or indirect contact with the patient or patient's environment.
 - a. UHA would consider a single patient room medically necessary for members diagnosed with an infectious agent requiring contact precautions.
 - b. Healthcare personnel and visitor gowns, gloves, and/or masks needed for interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment are considered standard precautions and are not covered.
 3. Droplet Precautions: intended to prevent transmission of pathogens spread through close respiratory or mucus membrane contact with respiratory secretions. These pathogens do not remain infectious over long distances in a healthcare facility and special air handling and ventilation are not required.
 - a. UHA would consider a single patient room medically necessary for members diagnosed with an infectious agent requiring contact precautions.
 - b. Healthcare personnel and visitor gowns, gloves, and/or masks needed for interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment are considered standard precautions and are not covered.

4. Airborne Precautions: intended to prevent transmission of infectious agents that remain infectious over a long time and distance when suspended in the air. Preventing the spread of pathogens that are transmitted by the airborne route requires the use of special air handling and ventilation systems (e.g., AIIRs) to contain and then safely remove the infectious agent.
 - a. UHA would consider a specialized hospital room with special air handling and ventilation systems (e.g., AIIRs) medically necessary for patients with a diagnosis that current medical research believes to be transmitted by the airborne route.
 - b. In addition to AIIRs, respiratory protection with NIOSH certified N95 or higher level respirator is recommended for healthcare personnel entering the AIIR to prevent acquisition. UHA considers personal protection equipment such as H95 respirators for use by staff to be the responsibility of the hospital staff or staff employer.
 - c. For certain other respiratory infectious agents, such as influenza and rhinovirus, and even some gastrointestinal viruses (e.g., norovirus and rotavirus) there is some evidence that the pathogen may be transmitted via small-particle aerosols, under natural and experimental conditions. Such transmission has occurred over distances longer than 3 feet but within a defined airspace (e.g., patient room), suggesting that it is unlikely that these agents remain viable on air currents that travel long distances. AIIRs are not required routinely to prevent transmission of these agents.

5. SARS and other Emerging Issues

- a. Evidence has proposed a new classification for aerosol transmission when evaluating routes of SARS transmission: 1) obligate: under natural conditions, disease occurs following transmission of the agent only through inhalation of small particle aerosols (e.g., tuberculosis); 2) preferential: natural infection results from transmission through multiple routes, but small particle aerosols are the predominant route (e.g., measles, varicella); and 3) opportunistic: agents that naturally cause disease through other routes, but under special circumstances may be transmitted via fine particle aerosols. This conceptual framework can explain rare occurrences of airborne transmission of agents that are transmitted most frequently by other routes (e.g., smallpox, SARS, influenza, noroviruses).
- b. Concerns about unknown or possible routes of transmission of agents associated with severe disease and no known treatment often result in more extreme prevention strategies than may be necessary; therefore, UHA may consider a specialized hospital room with special air handling and ventilation systems (e.g., AIIRs) medically necessary in these circumstances while recognizing that recommended precautions could change as the epidemiology of an emerging infection is defined and controversial issues are resolved.
- c. Written orders are required.

6. Immunocompromised Patients

- a. Any infectious agents transmitted in healthcare settings may, under defined conditions, become targeted for control because they are epidemiologically important to immunocompromised patients. UHA may consider a specialized hospital room with special air handling and ventilation systems (e.g., AIIRs) medically necessary for patients with compromised immunity as determined by the treating physician.
- b. Written orders are required.

- B. Isolation guidelines remain medically necessary for the duration of the qualifying illness or until risk of transmission no longer exists, whichever is lesser.

1. For detail on the duration of the risk of transmission, UHA follows the current recommendations of the CDC found at [cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf](https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf).

III. Limitations/Exclusions

- A. UHA does not reimburse for medical treatments, devices, or equipment necessary for Standard or Universal Precautions.
 1. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.
 2. Standard Precaution equipment may include, but is not limited to: hand hygiene supplies, gloves, gown, mask, eye protection, face shield, and disposable patient care and treatment supplies.
- B. UHA may request documentation of written orders for a specialized hospital room with special air handling and ventilation systems (e.g., AIIRs) to include documentation of a diagnosis that current medical research believes to be transmitted by the airborne route.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Administrative Guidelines

- A. Prior authorization is not required.
- B. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.

V. Policy History

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PAC Approved Date: 03/17/2015

UHA Protective Isolation Coverage

Precaution	Applies To	Covered	Non-Covered
Universal Precautions	All patients, regardless of suspected or confirmed infections status		UHA does not reimburse for supplies used for standard precautions, as such precautions are considered standard medical practice for the care of all patients regardless of infectious status.
Contact Precautions	Infectious agents spread by direct or indirect contact with the patient or patient's environment (e.g., Norovirus, Hepatitis A, herpes, impetigo, <i>C. difficile</i> , gastroenteritis (infectious strains), conjunctivitis, cutaneous diphtheria, MRSA or other antibiotic resistant strains, polio, RSV, draining wounds)	Private Room	Personnel and visitor gowns, gloves, and/or masks needed for interactions
Droplet Precautions	Pathogens spread through close respiratory or mucus membrane contact with respiratory secretions (e.g., Group A strep, pharyngeal diphtheria, influenza, epiglottitis, rubella, meningitis, mumps, pertussis, plague)	Private Room	Personnel and visitor gowns, gloves, and/or masks needed for interactions
Airborne Precautions	Infectious agents that remain infectious over a long time and distance when suspended in the air (e.g., tuberculosis, smallpox, SARS, measles, Novel or Avian influenza, MERS CoV, hemorrhagic fever)	Specialized hospital room with special air handling and ventilation systems (e.g., AIIRs)	Personal protection equipment such as H95 respirators for use by staff. Note that for certain respiratory infectious agents, such as influenza and rhinovirus, and even some gastrointestinal viruses, AIIRs are not required routinely.
Emerging Issues	Concerns about unknown or possible routes of transmission of agents associated with severe disease and no known treatment	UHA may consider a specialized hospital room with special air handling and ventilation systems (e.g., AIIRs) medically necessary.	Written orders required
Immunocompromised Patients	Risk to patient for hospital acquired patients	Private room or AIIRs in special circumstances	Written orders required