Medical Policy

Utilization Management and Clinical Medical Policy

Policy Name:	Policy Number:	Scope:	Origination Date:	Frequently Revision:
Corticosteroid – Parenteral Administration in Home Setting	**MP-ME-FP-08-25**	☒ **MMM MA** ☒ **MMM MultiHealth**	**08/22/2025** **Last Review Date:** **08/22/2025**	**Annual** **Page: 1 of 8**

Service Category:

☐ Anesthesia
☐ Surgery
☐ Radiology Procedures
☐ Pathology and Laboratory Procedures
☒ Medicine Services and Procedures
☐ Evaluation and Management Services
☐ DME/Prosthetics or Supplies
☐ Other: _____

Service Description:

Corticosteroids are used to manage acute and chronic inflammatory conditions, including autoimmune diseases, exacerbations of pulmonary disorders, and oncologic complications. When appropriate, administration in the home setting may improve patient convenience, reduce healthcare costs, and minimize exposure to hospital-associated infections [1–2].

This policy applies to the intravenous home administration of systemic corticosteroids in patients with acute or chronic conditions that require anti-inflammatory or immunosuppressive management, when the oral route is not feasible and it is necessary to continue therapy outside the hospital setting.

Corticosteroids included:

- Methylprednisolone (Solu-Medrol®)
- Hydrocortisone (Solu-Cortef®)
- Dexamethasone (Decadron®)

General note:

Any use of the medicines listed in this policy that does not correspond to the expressly established indications must be evaluated in accordance with the Medical Policies in force and/or the pre-authorization criteria defined by the Pharmacy Department.

Background Information:

Corticosteroid therapy, also known as corticosteroid therapy, involves the use of corticosteroid medications to treat various inflammatory and autoimmune conditions. Corticosteroids are synthetic drugs that mimic the effects of hormones produced by the adrenal glands. They are potent anti-inflammatory and immunosuppressive agents. Common corticosteroids include prednisone, dexamethasone, and hydrocortisone. Common indications for corticosteroids, by field, include the following [1]:

- Allergy and pulmonology: asthma exacerbation, COPD exacerbation, anaphylaxis and urticaria
- Dermatology: contact dermatitis, pemphigus vulgaris
- Endocrinology: adrenal insufficiency, congenital adrenal hyperplasia
- Gastroenterology: inflammatory bowel disease, autoimmune hepatitis
- Hematology: hemolytic anemia, leukemia, lymphoma, idiopathic thrombocytopenic purpura
- Rheumatology: rheumatoid arthritis, systemic lupus erythematosus, dermatomyositis,
- Ophthalmology: uveitis, keratoconjunctivitis
- Others: organ transplantation, nephrotic syndrome, cerebral edema, multiple sclerosis. While effective, corticosteroids can have side effects, especially with long-term use. These can include weight gain, high blood pressure, diabetes, osteoporosis, increased risk of infections, and mood swings. It is important to use corticosteroids under the supervision of a healthcare professional to manage these risks.

Ali Gamal and colleagues in their study validate that the efficacy of corticosteroid therapy must be balanced against its potential risks, but its prolonged use or high doses of corticosteroids can lead to significant side effects, such as osteoporosis, diabetes, hypertension, adrenal suppression and increased susceptibility to infections and these adverse effects underscore the importance of careful patient selection, an adequate dose and continuous follow-up throughout the course of treatment [1].

The JAMA Network is a network of 13 peer-reviewed journals that validate low-dose corticosteroid treatment in their study and is associated with decreased mortality in patients with severe COVID-19 infection, severe community-acquired bacterial pneumonia, and moderate to severe *Pneumocystis* pneumonia (in patients with HIV). Low-dose corticosteroids may also benefit critically ill patients with respiratory infections who have septic shock, acute respiratory distress syndrome, or both [3].

According to a study by Chataway and colleagues indicating that intravenous steroids are routinely used to treat disabling relapses in multiple sclerosis and can be administered in an outpatient or home setting, they developed a rating scale that allowed us to compare the two strategies formally in a test setting. Treatment of relapses in multiple sclerosis with intravenous steroids can be administered effectively and safely at home, both from a patient and economic point of view. In addition, the trial indicates the importance of having explicit and valid outcome measures of all aspects of service delivery when making decisions about health policy [4].

Guidelines and labels for the FDA indican que When oral therapy is not feasible, and the strength, dosage form, and route of administration of the drug reasonably lend the preparation to the treatment of the condition, the intravenous or intramuscular use for injection is indicated [9-11].

Long-term treatment with high-dose corticosteroids causes toxic effects that can be life-threatening. In addition to oral and parenteral administration, transdermal and inhaled corticosteroids have some systemic absorption and may cause similar adverse effects. Patients should be informed in detail of the main possible side effects of treatment and prolonged high doses of corticosteroids also increase the risk of hypertension, dyslipidemia, myocardial infarction, stroke, atrial fibrillation or flutter and HF. Gastric ulceration is more common with high doses of corticosteroids, particularly when patients are taking NSAIDs at the same time. They validate that, in order to reduce risks, the dose and duration of corticosteroid administration should be minimized [5].

Medicare Benefit Policy Manual:

The Centers for Medicare & Medicaid Services (CMS) allows coverage for the IV home service as broken down in Chapter 7: Home Health Services Therapies and indicates that the service have medically necessary, clinically appropriate, and included in a plan of care supervised by a qualified provider. According to the Medicare Benefit Policy Manual, Chapter 7, Intravenous, intramuscular, subcutaneous, hypodermoclysis, or home parenteral nutrition medication administration services require the involvement of qualified clinical personnel, such as a registered nurse, for safe and effective administration or teaching [10-11].

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Medical Necessity Guidelines:

The indication of short-term parenteral corticosteroids should be supported by documented medical necessity, and its administration should be conducted according to standardized protocols for preparation, surveillance, and transition to oral therapy [7-9]. It is considered medically necessary when it meets the following:

A. Conditions Patient Must Meet to Qualify for Coverage of Home Health Services [10]:

- Being homebound **and**;
- Under the care of a physician or licensed professional **and**;
- Receive services under an established plan of care and regularly reviewed by a physician or licensed professional **and**;
- Needing skilled nursing care intermittently **and**;

B. Documented diagnosis of an indicated condition requiring a parenteral corticosteroid [11] **and;**

C. Medical reason that prevents the medication from being taken by mouth [11] **and;**

D. Medication Presentation List as directed and recommended by the *National Home Infusion Association* , (NHIA,2025):

Medication (generic-brand)	Indication and Usage	Dosage and administration	Source
Methylprednisolone - Solu-Medrol®	• Allergic • Dermatological diseases • Endocrine disorders • Intestinal diseases • Hematologic disorders (IV alone, IM contraindicated) • Neoplastic diseases • Nervous system • Eye diseases • Kidney conditions • Respiratory diseases • Rheumatic disorders	• **High-dose pulse therapy:** 30 mg/kg IV administered in ≥ 30 min, repeatable every 4–6 h for up to 48 h (maximum 72 h) if the condition persists. • **Standard starting dose in other indications:** usually 10–40 mg IV or IM, individualized according to clinical condition; In critical situations, higher doses than the usual oral dose may be warranted. • **Pediatric dose:** 0.11–1.6 mg/kg/day in 3–4 divided doses (3.2–48 mg/m²/day), adapted according to clinical response. • **Gradual reduction and adjustments:** after achieving a favorable response, reduce the dose in small increments to the effective minimum; avoid abrupt discontinuation after prolonged therapy. Adjust for changes in illness or clinical stress. • **Cardiac caution:** avoid boluses > 0.5 g in less than 10 min, due to the risk of arrhythmias or cardiac arrest.	**FDA Label [7]**
Dexamethasone-Decadron®	• Endocrine disorders • Rheumatic diseases • Collagen diseases • Dermatological diseases • Severe allergic states • Ophthalmological diseases • Gastrointestinal diseases	• **Initial dose:** varies depending on the disease, usually between **0.5 to 9 mg/day IV or IM,** in divided doses every 12 h (equivalent to 1/3–1/2 of the oral dose). • **Refractory shock:** high doses of **1–6 mg/kg IV as a single dose** or start with **40 mg IV followed by repetition every 2–6 h** if shock persists. • **Cerebral edema (adults):** start **10 mg IV,** followed by **4 mg IM every 6 h** until improvement (usually in	**FDA Label [8]**

	• Respiratory diseases • Hematological disorders • Neoplastic diseases • Edema and proteinuria •Nervous system	12–24 h), continue postoperative for several days, then oral taper in 57 days. • **Acute exacerbations of multiple sclerosis:** equivalent doses per PO, prednisolone 200 mg/d for one week followed by 4–8 mg dexamethasone every other day for one month. • **Adjustments:** initial dose maintained or adjusted until clinical response; if there is no adequate response, discontinue and re-evaluate therapy. • **Progressive taper:** after clinical improvement, gradually decrease to the lowest effective level. Adjust for remission/exacerbation, stress, or clinical changes. Gradual discontinuation after prolonged treatment.	
Hydrocortisone-Cortef®	• Severe allergic • Dermatological diseases • Endocrine disorders • Gastrointestinal diseases • Hematological disorders • Neoplastic diseases •Nervous system • Ophthalmological diseases • Kidney diseases • Respiratory diseases	• **Initiation of therapy**: administer 100–500 mg IV over 30 sec to 10 min, depending on clinical severity. • **Repeat doses**: every 2, 4 or 6 h depending on the patient's clinical response. • **Maximum duration**: usually no more than 48–72 h; if extended, it can cause hypernatremia. In that case, switching to methylprednisolone for lower sodium retention is recommended. • **Maintenance and adjustment**: after stabilization, progressively reduce the dose to the lowest effective level	**FDA Label [9]**

Not Medically Necessary:

Home administration of parenteral corticosteroids will **not be considered medically necessary** in the following circumstances:

1. Functional oral route availability: When the patient can safely and effectively tolerate and absorb oral medications.
2. Unrelated conditions.
3. Request based solely on patient preference or logistical convenience, with no clinical judgment justifying home parenteral administration.

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Limits or Restrictions:

1. This service requires going through the evaluation and determination process.
2. Table of contraindications and warnings:

Medication (generic-brand)	Contraindication	Warnings	Source
Methylprednisolone-Solu-Medrol®	• Systemic fungal infections. • Hypersensitivity to the product or its components. • 40 mg vial contains lactose from cow's milk: avoid in patients with allergy to dairy products. • Intrathecal or epidural administration: serious neurological events reported (spinal infarction, paralysis, cortical blindness, stroke). • Presentations with benzyl alcohol: contraindicated in preterm infants. • Intramuscular preparations: Do not use in idiopathic / idiopathic thrombocytopenic purpura.	Fatal neurological events with epidural route; not approved for this route.	**FDA Label [7]**
Dexamethasone-Decadron®	• Systemic fungal infections.	• Cardio-renal: Average and large doses of corticosteroids can cause elevation of blood pressure, salt and water retention, and increased excretion of potassium.	**FDA Label [8]**
Hydrocortisone-Cortef®	• Contraindicated in systemic fungal infections. • Contraindicated in patients with known hypersensitivity to the product or its components (including its excipient). • Intramuscular: contraindicated in idiopathic thrombocytopenic purpura (since it should not be used IM in this condition). • Intrathecal or epidural route: contraindicated for use due to reports of serious neurological events associated with these routes.	• Serious Neurologic Adverse Reactions with Epidural Administration • Cardio-renal: Average and large doses of corticosteroids can cause elevation of blood pressure, salt and water retention, and increased excretion of potassium.	**FDA Label [9]**

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			Last Review Date: **08/22/2025**	**Page: 6 of 8**

Codes Information:

ICD-10 Diagnostic Codes:

Codes	Description
G35	Multiple sclerosis
G61.0	Guillain-Barre syndrome
J45.901	Unspecified asthma with (acute) exacerbation
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
K50.90	Crohn's disease, unspecified, without complications
K51.90	Ulcerative colitis, unspecified, without complications
M32.9	Systemic lupus erythematosus, unspecified
D69.3	Immune thrombocytopenic purpura

HCPCS Codes:

Codes	Description
J1100	Injection, dexamethasone sodium phosphate, 1 mg as maintained by CMS falls under Drugs, Administered by Injection.
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331) as maintained by CMS falls under Home Infusion Therapy.

CPT Codes:

Codes	Description
96365	Under Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)
96366	Under Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)
99504	Under Home Visit Services
96368	Concurrent infusion (for multiple substances)
96374	Therapeutic, prophylactic or diagnostic injection; IV push, single or initial substance/drug

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			Last Review Date: **08/22/2025**	**Page: 8 of 8**

Policy History:

Type of Review	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Superseded	This policy MP-ME-FP-08-25 replaces version MP-ME-FP-01-24, which is archived for reference and/or audit purposes. This policy establishes clinical and coverage criteria for home parenteral administration of corticosteroids. It replaces a previous version that addressed methylprednisolone sodium succinate alone (Solu-Medrol) and has been completely updated to reflect a category to medications-based approach, consistent with current clinical guidelines and regulatory expectations from CMS & FDA and professional societies.	Not Required	**08/22/2025**