

n05751

Infusion Alternative Site of Care – Commercial

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This policy outlines the criteria for specialty medication infusion services specific to our Commercial, State of Wisconsin (ETF), Self-Funded and Exchange members (Exchange members starting 1/1/2025), provided in an outpatient hospital setting.

Alternative Sites of Care, such as non-hospital outpatient infusion, physician office, ambulatory infusion, or home infusion services are accepted places of service for medication infusion therapy. If a patient does not meet the criteria for an outpatient hospital setting, Alternative Sites of Care should be used.

Policy Detail:

- I. Prior Authorization with the submission of medical records is required.
- II. Outpatient hospital facility-based intravenous medication infusion is medically necessary for individuals who meet at least one of the following criteria listed below.
 - A. The patient’s medical status or therapy requires enhanced monitoring that cannot be provided in an Alternative Site of Care; **or**
 - B. The patient’s documented history of significant comorbidity, acute mental status changes, or fluid overload status that precludes treatment at an Alternative Site of Care; **or**
 - C. Alternative Site of Care settings present a health risk due to a clinically significant physical or cognitive impairment; **or**
 - D. The patient’s condition is clinically unstable that immediate access to services in a hospital setting may be required (examples: emergency resuscitation equipment, inpatient admission, or intensive care); **or**
 - E. The patient has a history of cardiac or pulmonary conditions that may increase the risk of severe reactions; **or**
 - F. The patient is less than 18 years of age and a caregiver is not available to assist during administration of the drug or biologic; **or**
 - G. The patient has previously had a severe or potentially life-threatening adverse event with the currently prescribed drug, biologic, or similar medication and the adverse event cannot be managed using premedication in the home.
 1. If Prior Authorization is not obtained, the drug and related service(s) will be denied with Claim Adjustment Reason Code (CARC) 197
“Precertification/authorization/notification/pre-treatment absent”.

- III. Providers must obtain authorization through EviCore.
- IV. The authorization list is located on Network Health's Pharmacy page: [Pharmacy Information](#)
- V. The codes requiring prior authorization are listed under the heading: **EviCore Healthcare Continuum Prior Authorization Drug List for Medicare, Commercial and Health Exchange**
- VI. The list is updated on a regular basis to include newly approved medications.
- VII. Site of Care codes have the following notation behind the Drug Name: ±

Definitions:

Alternative Sites of Care: Non-hospital outpatient infusion, physician office, ambulatory infusion or home infusion service.

Related Documents:

Pharmacy Information

Origination Date: 7/21/2023

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