



Medical Policy
Specialty Medication Administration – Site of Care

Document Number: 041

	Commercial and Connector/Qualified Health Plans
Authorization required for specialty infusion medications site of care	X

This Specialty Medication Administration – Site of Care policy is not available for MassHealth plans.

Overview

The purpose of this document is to describe guidelines to determine medical appropriateness for site of care delivery in a hospital outpatient facility. AllWays Health Partners collaborates with Novologix for specialty infusion medications. Medically necessary services should be rendered in the least intensive setting that is appropriate for the delivery of care. Site of care authorization only applies to the medically necessary medications noted at our list of [Infusion Drugs Reviewed for Site of Care](#).

The medications on the list, [Infusion Drugs Reviewed for Site of Care](#), are authorized by **CVS Caremark**.

Coverage Guidelines

AllWays Health Partners allows the first two doses of the authorized infusion medication to be given at the hospital outpatient facility site of care to ensure the member is stable before transitioning to a medically necessary less intensive site of care. After such time, Novologix may continue to authorize infusion medication in the hospital outpatient facility setting when the criteria below are met.

Criteria for Infusion in the Hospital Outpatient Facility Setting

AllWays Health Partners covers infusion in a hospital outpatient facility setting for medications included in this policy when there is clinical documentation that indicates the member meets one or more of the following:

1. The member is medically unstable for infusions at alternative levels of care as noted by any of the following:
 - a. A history of previous severe adverse event to the prescribed medication that cannot be managed by the use of pre-medications;
 - b. An inability to safely tolerate IV volume loads, e.g. congestive heart failure, diminished renal function;
 - c. Significant venous access issues;
 - d. Physical or cognitive impairments that would present unnecessary health risk.
2. The member’s home has been determined to be inappropriate for home infusion by a social worker, case manager, or previous home nurse assessment.

Exclusions

1. When relevant criteria listed above are not met.
2. When the specialty infusion medication has been denied.



Home Infusion Therapy is the Recommended Site of Care

AllWays Health Partners considers the home setting to be the appropriate setting for delivery of care when:

1. The member's home environment has been assessed as:
 - a. Being accessible to 911 services and urgent care;
 - b. Having adequate refrigeration;
 - c. Meeting general cleanliness standards determined by an onsite home nursing assessment.
2. The member is medically stable and able to participate in their care; and
3. The member has reliable venous access.

Definitions

Home Infusion Therapy: The administration of prescription medications through a needle or catheter into a patient's vein in the patient's home setting. It is furnished by a qualified home infusion therapy provider to an individual who is under the care of physician. The therapy is provided in an integrated manner under a plan established and periodically reviewed by a physician.

Home Setting: Any place where the member has established his/her place of residence for the time period when home care services are being provided. This may include his/her own dwelling, an apartment, the home of a friend or family member, a group home, a homeless shelter or other temporary place of residency or a community setting. It does not include hospitals, skilled nursing facilities, intermediate care facility for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative, or related care. A day care setting, adult day care, or adult medical care does not meet the definition of a home setting.

Medically Necessary or Medical Necessity:

MassHealth Definition

In accordance with 130 CMR 450.204, Medically Necessary services are those services (1) which are reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the Enrollee that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity; and (2) for which there is no other medical service or site of service, comparable in effect, available, and suitable for the Enrollee requesting the service, that is more conservative or less costly. Medically Necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality.

Division of Insurance Definition

Medically Necessary health care services are those that are consistent with generally accepted principles of professional medical practice as determined by whether:

- a) The service is the most appropriate available supply or level of service for the insured in question considering potential benefits and harms to the individual;
- b) Is known to be effective, based on scientific evidence, professional standards, and expert opinion, in improving health outcomes; or
- c) For services and interventions not in widespread use, is based on scientific evidence.



Site of Care: Choice for physical location of infusion administration. Sites of care include hospital inpatient, hospital outpatient, community office, ambulatory infusion suite, or home-based setting.

Effective

December 2018: Annual update.

August 2017: Effective date.

References

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130 CMR: Division of Medical Assistance 130 CMR 450.000

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