

**Place of Service for Medical Infusions Policy  
Effective April 1, 2018  
for Blue Cross NC Providers  
March 1, 2018**

<b>FAQs</b>	<a href="#">Place of Service for Medical Infusions Policy Becomes Effective April 1, 2018</a>
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Effective April 1, 2018:

- + The policy, [Place of Service for Medical Infusions](#) replaces an existing policy and will apply alternative location guidelines for medications prescribed within select therapeutic categories. Categories include alpha-1 proteinase inhibitors, hereditary angioedema, multiple sclerosis, autoimmune and respiratory disorders.
- + North Carolina State Health Plan for Teachers and State Employees (SHP) members' benefits and the availability of coverage for certain infusion-administered medications will be limited to infusion services provided at non-hospital locations. An exception to this includes members that are considered medically unstable or members that meet the medical policy coverage criteria for continued administration in an outpatient setting.
- + If a participating provider provides an infusion service in a place of service that is not authorized, it will be denied and will be provider liability. This is not applicable for appeal.
- + Alternative locations will include non-hospital outpatient centers, physicians' offices, ambulatory infusion centers and home infusion.
- + New requests received on or after April 1, 2018 for the selected medications for all commercial members will require a place of service review as well as a medical necessity review. This is a standard authorization request.
- + Blue Cross NC will require adherence to the policy's place of service guidelines to additional commercially insured members with existing authorizations on July 1, 2018.

**What infusion-administered medications are being added to the policy's place of service guidelines?**

Please see below:

<b>Drug Code</b>	<b>Medication</b>
J2357	Xolair (omalizumab)
J1300	Soliris (eculizumab)
J0256	Prolastin (alpha-1 proteinase inhibitor)
J0257	Glassia (alpha-1 proteinase inhibitor)
J2786	Cinqair (reslizumab)
J3380	Entyvio (vedolizumab)
J2182	Nucala (mepolizumab)
J1744	Firazyr (icatibant)
J0596	Ruconest (C1 esterase inhibitor)
J0597	Berinert C1 esterase inhibitor)

J0598	Cinryze (C1 esterase inhibitor)
J1290	Kalbitor (ecallantide)
S9346	Prolastin (alpha-1-proteinase inhibitor)
J2323	Tysabri (natalizumab)
J0202	Lemtrada (alemtuzumab)
J1745	Remicade (infliximab)
J0129	Orencia (abatacept)
J1602	Simponi (golimumab)
J3262	Actemra (tocilizumab)
J2350	Ocrevus (ocrelizumab)
Q5103	Inflectra (infliximab)
Q5104	Renflexis (infliximab)

Please note that prior authorization requirements apply to these medications. Prior authorization from Blue Cross NC must be obtained in advance of administering medications. Non-authorized medications may be excluded from coverage under our members' benefit plans.

**What if my patients need these medications in a hospital outpatient setting after March 31, 2018?**

If you are providing services for SHP patients who meet Blue Cross NC's medical necessity criteria for continued infusion in outpatient settings, as defined in Blue Cross NC's policy, please contact us in writing on behalf of each of those SHP members to:

- Certify in writing and submit supporting documentation to Blue Cross NC that your SHP patient meets our revised medical necessity criteria, as described in the revised *Place of Service for Medical Infusions* policy, for the prescribed medication, including site of care requirements i.e., medications will need to be administered in a hospital outpatient setting.
  - Send certification by fax to 1-800-795-9403 and please include the provider's name, a contact's name, phone and fax numbers.
- If your patient is authorized to receive the medication, but does not meet our new criteria for a hospital outpatient setting, you will need to arrange for administration of the medication in a non-hospital outpatient center such as, physicians' office, infusion site, ambulatory infusion center, or the member's home.

If you have questions about the authorization process or need assistance to certify your SHP patient's medical necessity for infusion in an outpatient hospital setting, please call Blue Cross NC at 1-800-672-7897.

**When is it medically necessary to administer these medications in a hospital outpatient setting?**

Medical infusion therapy in a hospital outpatient setting is considered medically necessary if the following criteria are met:

1. History of mild adverse events that have not been successfully managed through mild pre-medication (diphenhydramine, acetaminophen, steroids, fluids, etc.), OR
2. History of severe adverse event following that infusion (i.e., anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure), OR
3. Conditions that cause an increased risk for severe adverse event (i.e., unstable renal function, cardiopulmonary conditions, unstable vascular access), OR
4. Inability to physically and cognitively adhere to the treatment schedule and regimen complexity, OR
5. First infusion, OR

- 6. Less than 3 months since first infusion, OR
- 7. First infusion after six months of no infusions.

**When is medical infusion not medically necessary in an outpatient facility?**

Hospital outpatient infusion, in the absence of the clinical indications above, is considered not medically necessary.

**How can I locate an alternative location for my patient to receive infusion of their medication?**

(I.e. non-hospital outpatient center, physician office, infusion site or ambulatory infusion center, and skilled nursing for the member’s home)

Infusion providers can be located using Blue Cross NC’s online [Find a Doctor or Facility](#) tool, or by calling the Provider Blue Line<sup>SM</sup> at 1-800-214-4844 to speak with a representative.

**When will the policy’s place of service guidelines apply to additional Blue Cross NC members and will the guidelines apply to all members?**

Member population	Member Authorization Status	Transition date
SHP	Existing	April 30, 2018
	New	April 1, 2018
All Other Commercial Blue Cross NC Members	Existing	July 1, 2018
	New	April 1, 2018

New requests for the select medications for all commercial members will be subject to the place of service guidelines. Members of the Federal Employees Program and Blue Cross NC’s Medicare Advantage (Blue Medicare<sup>SM</sup>) products are not affected by this policy.

BlueCard<sup>®</sup> members from other Plan areas will not be affected by this policy for Blue Cross NC members. However, BlueCard members may have similar policy requirements through their Home Plans.

**How many members are affected and how will they be notified?**

Blue Cross NC mailed letters on March 2, 2018, explaining this change to SHP members who currently have authorizations for the select medications. Approximately 187 SHP members are receiving letters. We will also notify approximately 600 additional commercial members who have authorizations for the applicable medications to advise them of the change to their benefits beginning July 1, 2018.

**Why is Blue Cross NC implementing this policy?**

We are working on new ways to help members with complex medical conditions lower their health care costs. We want to help members get the care they need while holding down costs as much as possible. Costs for drug infusions are significantly higher at an outpatient facility than in other settings.

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