

## FAQs Place of Service for Medical Infusions Policy

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) has expanded our existing policy on [Place of Service for Medical Infusions](#). The policy applies to where provider-administered medication can be given and focuses on moving, medically stable members, who are receiving certain infusions at outpatient settings to more convenient places of service, such as homes or offices.

### Why Blue Cross NC expanded the policy

- + Costs for drug infusions are significantly higher at a hospital's outpatient facility than other settings, such as physicians' offices, ambulatory infusion centers and home infusion.
- + We are working to help our members with complex medical conditions to get the care they need in the most cost-effective way.

### What you should know

- + The policy includes medications ordered within select therapeutic categories, including alpha-1 proteinase inhibitors, hereditary angioedema, multiple sclerosis, autoimmune and respiratory disorders.

Member population	Member Authorization Status	Transition date
SHP	Existing	4/30
	New	4/1
All Other Commercial Blue Cross NC Members	Existing	7/1
	New	4/1

In early March, medically stable members enrolled in the North Carolina State Health Plan for Teachers and State Employees and receiving certain provider-administered medications in hospital outpatient settings, prior to April 1, 2018, began transitioning infusion locations. Members enrolled in Blue Cross NC's commercially offered products and receiving certain provider-administered medications, prior to April 1, 2018, should now also begin transitioning to alternative locations for their infusion services, unless considered medically unstable and meeting medical necessity criteria for continued outpatient hospital-based infusions. Blue Cross NC is sending letters to notify these commercially enrolled members and their providers, about the need to transition their infusion services to more convenient places of service, such as homes or offices, no later than July 1, 2018. Approximately 700 members and their providers are currently being notified by mail (via letters sent the week of April 30, 2018).

We want to help you, and our members, through this transition. If you have patients that need to change the location where they receive infusion services, we will contact you. Over the next 30 days, a representative from Blue Cross NC will be reaching out to assist in this transition.

### Effective April 1, 2018:

- + Beginning **April 1, 2018**, all **new** requests for the select medications require a medical necessity **and** a place of service review.
- + Benefits and the availability of coverage for provider-administered medications is limited to infusion services provided at non-hospital locations, unless the member's condition meets with 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.

### Effective April 30, 2018:

- + Medically stable members enrolled in the North Carolina State Health Plan for Teachers and State Employees and who began receiving certain provider-administered medications in hospital outpatient settings prior to April 1, 2018, should have transitioned to alternative sites of care or currently be working with Blue Cross NC to complete transition.

### Effective July 1, 2018:

- + Members enrolled in Blue Cross NC's commercially offered products and who began receiving certain provider-administered medications prior to April 1, 2018, should be transitioned to alternative sites of care for their infusion services, unless considered medically unstable and having conditions that meet the medical necessity criteria for continued outpatient hospital-based infusions.

### What you should know (continued)

- + 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 all commercially insured members by July 1, 2018, and includes all under age 65 members enrolled in commercially insured products and members enrolled in self-insured Administrative Services Only products (applicable to commercial members who began infusions prior to April 1<sup>st</sup>).
- + 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. However, BlueCard members from other Plans may have similar policy requirements through their Home Plans.
- + 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.
- + Alternative locations will include non-hospital outpatient centers, physicians' offices, ambulatory infusion centers and home infusion.

### What infusion-administered medications are included in the policy's place of service guidelines?

Please see below:

Drug Code	Medication
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	Beriner 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 for 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?

If you are providing services for 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 members to:

- Certify in writing and submit supporting documentation to Blue Cross NC that your 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 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.

### **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 are also notifying approximately 700 commercial members who have authorizations for the applicable medications to advise them of the change to their benefits, which become effective 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.

### **What should I do if I have a member with Medicare A or Medicare A/B as their primary payer?**

You should submit a request for your medication. Blue Cross will continue to review your drug for medical necessity but will not apply the site of care guidelines due to CMS guidelines

### **Is this policy applicable to FEP and or Medicare Advantage members?**

Members of the Federal Employees Program and Blue Cross NC's Medicare Advantage (Blue Medicare) products are NOT affected by this policy. BlueCard members from other Plan areas are also not affected by this policy. However, BlueCard members may have similar policy requirements through their Home Plans.

### **What is Blue Cross NC doing to assist members with their transition?**

Blue Cross NC has a team of dedicated nurses that are working with providers to find alternative site of care for members in accordance with the policy.

### **What options do I have if I believe my patient should continue to receive the infusion at the current location?**

You should review the medical policy and review the exception criteria. If you feel your patients clinical situation meets these guidelines you should submit an exception request. You will need to submit written documentation that supports the need to continue to receive the medication in the outpatient setting.

**What happens if an exception request is denied?**

If your exception request is denied you can file an appeal. Please call 888-234-2416. If you are submitting on behalf of the member you will need them to sign a form giving you permission to appeal on their behalf.

**What happens if I continue to administer the medication at the current setting and choose not to move the member?**

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. Such services are not applicable for appeals.

**I received a denial from Blue Cross NC and I am not sure if it is for my drug or for the location of where the drug is being administered.**

The authorization for both medical necessity and site of care are loaded on the same case. Please refer to your denial letter for an explanation of what was denied. If you still have questions you can contact care management.