Place of Service for Pharmaceutical Infusions

Policy: PHARM-CHIP-M026

Origination Date: 07/01/2024

Reviewed/Revised Date:

Next Review Date: 07/22/2023

Current Effective Date: 07/01/2024

Disclaimer:

1. Policies are subject to change in accordance with Federal and State notice requirements.
2. Policies outline coverage determinations for Healthy U CHIP. Refer to the "Policy" and "Lines of Business" section for more information.
3. Services requiring prior-authorization may not be covered, if the prior-authorization is not obtained.
4. This Pharmacy Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.

Purpose

This policy is to establish place of service determinations for Pharmaceutical Infusion Therapy. University of Utah Health Plans requires intravenous (IV) infusion therapy will be covered in the most appropriate, safe, and cost effective site. Sites of care include hospital inpatient, hospital outpatient, community office, ambulatory infusion suite, or home-based setting. These different service sites may cause escalating costs to members. In the interest of reducing member and plan costs, these services may be redirected by the plan to the lowest safe site of service.

Policy/Coverage

1. **Coverage Criteria**
    A. Healthy U CHIP will provide pharmaceutical infusion coverage when it is determined to be medically necessary based on Health Plan Criteria.
    B. Healthy U CHIP requires certain intravenous (IV) infusion therapy to be administered at a preferred vendor and at a preferred site of care.
    C. Pharmaceutical infusion therapy delivered in an outpatient setting (e.g., home infusion, ambulatory infusion centers, provider office) is the preferred place of service for medical infusions UNLESS a hospital-based setting (inpatient or outpatient) is considered medically necessary.
    D. Medical necessity of a hospital-based setting may be established if the member meets ONE of the following criteria:
        i. Member is ≤ 13 years of age

ii. Member is medically unstable per clinical documentation
iii. Medication has a high risk of immediate life-threatening toxicities (i.e., anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure)
iv. Member has a history of mild adverse events that have NOT been successfully managed with pre-medications such as antihistamines, corticosteroids, or intravenous fluids
v. Member has co-morbidities that place them at increased risk for severe adverse events (i.e. unstable renal function, cardiopulmonary conditions, unstable vascular access)
vi. First infusion of therapy with moderate to high potential for adverse event
vii. Infusion with moderate to high potential for adverse event and it has been > 6 months since last infusion
viii. If there is no outpatient infusion center within 50 miles of the member's home and there is no contracted home infusion agency that will travel to their home
ix. If a hospital is the only place that offers infusion of this drug.

E. When Pharmaceutical infusion is not covered:
i. Inpatient and hospital outpatient infusion, in the absence of the clinical indications above, is **NOT** considered medically necessary.
ii. An inpatient admission for the sole purpose of IV infusion is not medically necessary.

Lines of Business

1. **University of Utah Health Plans**
   A. Healthy U CHIP

References:

1. AAAAI Guidelines for the site of care for administration of IGIV therapy (2011)
2. ASPEN Parenteral Nutrition Safety Consensus Recommendations (2013)
3. IDSA Practice Guidelines for Outpatient Parenteral Antimicrobial Therapy (OPAT, 2018)
4. Lexicomp®Online Database http://online.lexi.com.ezproxy.lib.utah.edu/lco/action/home
5. United Healthcare® Oxford Clinical Policy; Provider Administered Drugs – Site of Care. Effective date 6/1/2021; Accessed 07/01/2022.

Date	Review, Revisions, Approvals
07/01/2024	Healthy U CHIP policy created. Separated out from PHARM-HU-M026

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.