

Policies and Procedures

Site of Service Utilization Review			
POLICY #	MED-096	CURRENT VERSION	2
POLICY OWNER	Maureen Murray	CURRENT VERSION EFFECTIVE DATE	January 1, 2024
DEPARTMENT	Clinical Services	ORIGINAL / INITIAL EFFECTIVE DATE	May 12, 2022

DEFINITIONS

1. **Clinical Review Criteria (Medical Policy):** The written screens, decision rules, medical protocols, or guidelines used by Brand New Day/Central Health Medicare Plan as an element in the evaluation of medical necessity and appropriateness of requested admissions, procedures, and services under the auspices of the applicable health benefit plan.
2. **Medically Necessary:** Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and meet accepted standards of medicine. Brand New Day/Central Health Medicare Plan may consider health care services or supplies medically necessary if it is determined that the services are:
 - Appropriate and necessary for the symptoms, diagnosis, or treatment of the member’s medical condition.
 - Provided for the diagnosis or direct care and treatment of the member’s medical condition.
 - In accordance with standards of good medical practice accepted by the organized medical community.
 - Not primarily for the convenience and/or comfort of the member, the member’s family, or the provider.
 - Not investigational or experimental.
 - Performed in the least costly setting, method, or manner, or with the least costly supplies required by the member’s medical condition.
3. **Utilization Management (UM):** Evaluation of the medical necessity, appropriateness, and efficiency of use of health care services, procedures, and facilities. Utilization management encompasses prospective, concurrent, and retrospective review; it does not include claims review. This may include a variety of structural strategies and practice processes designed to improve care coordination and delivery of the right service by the right provider, at the right time, at the right level of care.
4. **UM Review Determination:** A determination by Brand New Day/Central Health Medicare Plan regarding whether an admission, extension of stay, or other health care service meets or does not meet the clinical requirements for medical necessity, appropriateness, or effectiveness under the applicable health benefit plan.
5. **Site of Service:** also referred to as **Site of Care** or **Place of Service**, the site of service is the setting where healthcare services are delivered. This may include hospital inpatient or

Policies and Procedures

outpatient settings, physician offices, ambulatory infusion suites, home-based settings, or another type of healthcare facility. The site of service may be listed as a numerical code on a claim indicating the type of facility where services were rendered.

PURPOSE

This policy describes and establishes requirements for medical necessity review of site of service to support the delivery of appropriate, efficient, and quality care and services.

SCOPE

This policy shall apply to all Brand New Day/Central Health Medicare Plan employees, clinicians, or delegates that support the clinical determination processes in administration of Brand New Day/Central Health Medicare Plan Individual and Family Plans (IFP), Small Group Plans (SG), and Medicare Advantage Plans (MA). This policy applies to all Brand New Day/Central Health Medicare Plan and all its affiliates.

POLICY

Brand New Day/Central Health Medicare Plan evaluates the site of service during utilization management review to ensure that the most cost-effective and clinically appropriate site of service is used for delivery of care. Medically necessary services must be rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Brand New Day/Central Health Medicare Plan considers the medical condition of the member and the geographic availability of in-network providers when evaluating if the site of service is medically necessary. Brand New Day/Central Health Medicare Plan may reassess the site of service review determination if there is a change in the medical condition of the member.

Utilization Management review staff assess medical necessity for site of service using Brand New Day/Central Health Medicare Plan established clinical criteria and medical policies. When determining the least intensive setting appropriate for delivery of services, UM review staff may compare the cost- effectiveness of alternative services, settings, or supplies.

Services that require review of site of service may include:

- Infusions and administration of specialty medications, including the list of drugs shown in Exhibit 1
- Surgical procedures (including hospital, ambulatory surgical center, office-based procedures)
- Therapeutic and diagnostic procedures (including dialysis, sleep studies, endoscopic procedures, colonoscopy)
- High tech laboratory and imaging services

Medical Directors may determine the medical necessity of the site of care for services in accordance with their medical judgement and after reviewing applicable evidence. The rationale for issuing their determination will be documented in the appropriate clinical information system.

Reimbursement

MED-096 Site of Service Utilization Review

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Policies and Procedures

Brand New Day/Central Health Medicare Plan will consider reimbursement of services for procedure codes billed with the appropriate site of service in accordance with Brand New Day/Central Health Medicare Plan prior authorization list and requirements.

The site of service code (place of service (POS) code) should be specified and match the procedure code's description and/or guidelines for use. Reimbursement procedure codes reported with an inappropriate site of service may be denied.

PROCEDURES

NA

EXHIBITS/ATTACHMENTS

Exhibit 1 - Drugs in Scope of the Site of Service Program

REFERENCES/CITATIONS

Related Policies: MED-017 UM Determinations

POLICY HISTORY

Initial Approval Date: May 12, 2022

Version 2, Approval Date: March 9, 2023

AUTHORIZATION

The following signatory certifies that this policy has been approved by the Policy Review Committee for implementation by the applicable department.

Policy Owner

Policies and Procedures

Exhibit 1 - Drugs in Scope of the Site of Service Program

Select infused specialty medications included in the Site of Service program are listed below. These medications are subject to change.

HCPCS	Brand Name	Generic Name
J3262	Actemra IV Only	Tocilizumab
J1931	Aldurazyme	Laronidase
J1554	Asceniv	Intravenous Immune Globulin
Q5121	Avsola	Infliximab
J9023	Bavencio	Avelumab
J0490	Benlysta IV	Belimumab
J0597	Berinert	C1 inhibitor
J1556	Bivigam	Intravenous immune globulin
J1566	Carimune	Intravenous immune globulin
J1786	Cerezyme	Imiglucerase
J0717	Cimzia	Certolizumab pegol
J2786	Cinqair	Reslizumab
J0598	Cinryze	C1 esterase inhibitor
J1551	Cutaquig	Subcutaneous immune globulin
J1743	Elaprase	Idursulfase
J3060	Elelyso	Taliglucerase alfa
J3380	Entyvio	Vedolizumab
J0180	Fabrazyme	Agalsidase beta
J0517	Fasenra	Benralizumab
J1572	Flebogamma	Intravenous immune globulin
J1569	Gammagard Liquid	Intravenous immune globulin
J1566	Gammagard S/D	Intravenous immune globulin
J1561	Gammaked	Intravenous immune globulin
J1557	Gammaplex	Intravenous immune globulin
J1561	Gamunex-C	Intravenous immune globulin
J1559	Hizentra	Subcutaneous immune globulin
J1575	Hyqvia	Subcutaneous immune globulin
J3245	Ilumya	Tildrakizumab-asmn
J9173	Imfinzi	Durvalumab
J1599	Immune Globulin	Intravenous immune globulin
Q5103	Inflixtra	Infliximab-
J2840	Kanuma	Sebelipase alfa
J9271	Keytruda	Pembrolizumab
J2507	Krystexxa	Pegloticase
J0202	Lemtrada	Alemtuzumab
J9119	Libtayo	Cemiplimab-rwlc

Policies and Procedures

J0221	Lumizyme	Alglucosidase alfa
J3397	Mepsevii	Vestronidase alfa-vjvk
J1458	Naglazyme	Galsulfase
J0219	Nexviazyme	Avalglucosidase alfa-ngpt
J2182	Nucala	Mepolizumab
J2350	Ocrevus	Ocrelizumab
J1568	Octagam	Intravenous immune globulin
J9229	Opdivo	Nivolumab
J0129	Orencia IV	Abatacept
J1599	Panzyga	Intravenous immune globulin
J1459	Privigen	Intravenous immune globulin
J1745	Remicade	Infliximab
Q5104	Renflexis	Infliximab-
J1602	Simponi Aria	Golimumab
J1300	Soliris	Eculizumab
J9022	Tecentriq	Atezolizumab
J3241	Tepezza	Teprotumumab-trbw
J2356	Tezspire	Tezepelumab-ekko
J2323	Tysabri	Natalizumab
J1303	Ultomiris	Ravulizumab-cwvz
J1322	Vimizim	Elosulfase alfa
J3385	Vpriv	Velaglucerase alfa
J1558	Xembify	Subcutaneous immune globulin
J2357	Xolair	Omalizumab
J9228	Yervoy	Ipilimumab