Site of Service Program

As a part of our mission to provide access to quality and affordable care for our members, Blue Shield of California may direct members with prescriptions for medication infusion therapy services in an outpatient setting to receive care provided by qualified non-hospital-owned infusion centers or physician offices.* Our medical policy also allows an eligible member to receive medication infusion therapy at their personal physician's office, or in their own home when administered by a licensed and qualified clinician.

Guiding a member to receive this care in a way that best addresses their individual needs may reduce their out-of-pocket cost± and travel time. If you have any questions about Blue Shield's Site of Service Program, contact our Provider Customer Service team via Live Chat after logging into Provider Connection at blueshieldca.com/provider or by telephone at (800) 541-6652, Monday through Friday, 6 a.m. to 6:30 p.m. Pacific time.

HCPCS	Brand (generic)
J3262	Actemra (toclizumab)
J0791	Adakveo (crizanlizumab-tmca)
J7171	Adzynma IV (adamts13 recombinant-krhn)
J1552	Alyglo (IVIG)
J1426	Amondys 45 (casimersen)
J0225	Amvuttra (vutrisiran)
J1554	Asceniv (IVIG)
C9399, J3490, J3590	Avlayah (tividenofusp alfa-eknm)
Q5121	Avsola (infliximab-axxq)
J0490	Benlysta (belimumab)
Q5162	Bildyos (denosumab-nxxp)
J1556	Bivigam (IVIG)
Q5152	BKEMV (eculizuman-aeeb)
Q5161	Bosaya (denosumab-kyqq)
J2329	Briumvi (ublituximab-xiiy)
J1786	Cerezyme (imiglucerase inj)
J2786	Cinqair (reslizumab)
J0598	Cinryze (C-1 esterase)
Q5158	Conexxence (denosumab-bnht)
J3247	Cosentyx IV (secukinumab)
J0584	Crysvita (burosumab-twza)
J1551	Cutaquig (SCIG)
J1555	Cuvitru (SCIG)
J0850	Cytogam per 50 ml vial (IVIG)
90291	Cytogam per dose (IVIG)
J1743	Elaprase (idursulfase)
J3060	Elelyso (taliglucerase alfa)

HCPCS	Brand (generic)
J2508	Elfabrio (pegunigalsidase alfa-iwxj)
J1302	Enjaymo (sutimlimab-jome)
C9399, J3490, J3590	Enoby (denosumab-qbde)
J3380	Entyvio (vedolizumab)
Q5151	Epysqli (eculizuman-aagh)
J3111	Evenity (romosozumab-aqqg)
J1305	Evkeeza (evinacumab-dgnb)
J1428	Exondys 51 (eteplirsen)
J0180	Fabrazyme (agalsidase beta)
J0517	Fasenra (benralizumab)
J1572	Flebogamma (IVIG)
J1569	Gammagard Liquid (IVIG or SCIG)
J1566	Gammagard S/D (IVIG)
J1557	Gammaplex (IVIG)
J1561	Gamunex-C or Gammaked (IVIG or SCIG)
J0223	Givlaari (givosiran)
J1559	Hizentra (SCIG)
J1575	Hyqvia (SCIG)
J0638	Ilaris (canakinumab)
J3245	Ilumya (tildrakizumab-asmn)
J9256	Imaavy (nipocalimab-aahu)
Q5098	Imuldosa (ustekinumab-srlf)
Q5103	Inflectra (infliximab-dyyb)
Q5136	Jubbonti (denosumab-bbdz)
J2840	Kanuma (sebelipase alfa)
J0202	Lemtrada (alemtuzumab)
J1306	Leqvio (inclisiran)
J0221	Lumizyme (alglucosidase alfa)
J3397	Mepsevii (vestronidase alfa-vjbk)
J1458	Naglazyme (galsulfase)
J0219	Nexviazyme (avalglucosidase alfa-ngpt)
J2182	Nucala (mepolizumab)
J2350	Ocrevus (ocrelizumab)
J2351	Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)
J1568	Octagam (IVIG)
J0222	Onpattro (patisiran)
J0129	Orencia (abatacept)
C9399, J3490, J3590	Ospomyv (denosumab-dssd)
Q9999	Otulfi (ustekinumab-aauz)
J0224	Oxlumo (lumosiran)
J1576	Panzyga (IVIG)

HCPCS	Brand (generic)
J1599	Panzyga (IVIG)
J1307	Piasky (crovalimab-akkz)
J3490	Prevymis (letermovir)
J1459	Privigen (IVIG)
J0897	Prolia (denosumab)
Q9996, Q9997	Pyzchiva (ustekinumab-ttwe)
C9399, J3490, J3590	Qivigy (IVIG)
J1301	Radicava (edaravone)
J1745	Remicade (infliximab)
Q5104	Renflexis (infliximab-abda)
J2998	Ryplazim (plasminogen, human-tvmh)
J9333	Rystiggo (rozanolixizumab-noli)
J0491	Saphnelo (anifrolumab-fnia)
Q9998	Selarsdi (ustekinumab-aekn)
J1602, J3490	Simponi Aria IV/SC (golimumab)
J2327, J3590	Skyrizi IV/SC (risankizumab-rzaa)
J1300	Soliris (eculizumab)
C9399, J3490, J3590	Starjemza (ustekinumab-hmny)
J3357	Stelara (ustekinumab)
Q5099	Steqeyma (ustekinumab-stba)
Q5157	Stoboclo (denosumab-bmwo)
90378	Synagis (palivizumab)
J3241	Tepezza (teprotumumab-trbw)
J2356	Tezspire (tezepelumab-ekko)
Q5133	Tofidence (tocilizumab-bavi)
J1628	Tremfya (guselkumab)
J1746	Trogarzo (ibalizumab-uiyk)
Q5135	Tyenne (tocilizumab-aazg)
J2323	Tysabri (natalizumab)
J1303	Ultomiris (ravulizumab-cwvz)
J1823	Uplizna (inebilizumab-cdon)
J1427	Viltepso (viltolarsen)
J1322	Vimizim (elosulfase alfa)
J3385	VPRIV (velaglucerase alfa)
J3032	Vyepti (eptinezumab-jjmr)
J1429	Vyondys 53 (golodirsen)
J9332	Vyvgart (efgartigimod alfa-fcab)
J9334	Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)
C9399, J3490	Wainua (eplontersen)
Q5137, Q5138	Wezlana (ustekinumab-auub)
C9399, J3490, J3590	Winrevair SC (sotatercept-csrk)

HCPCS	Brand (generic)
J1558	Xembify (SCIG)
J0218	Xenpozyme (olipudase alpha-rpcp)
J2357	Xolair (omalizumab)
Q5100	Yesintek (ustekinumab-kfce)

*Authorization requests for medication infusion therapy and its administration at an outpatient hospital facility will require clinical rationale and documentation for medical necessity of the site of care. If medical necessity criteria are not met for outpatient hospital facility infusion, payment may be delayed or denied.
±Most medical benefits require members to pay a percentage of the bill.