

site of care redirection

Commercial Medical Benefit Drug Policy

In support of our mission, Blue Shield may direct members with prescriptions for medication infusion therapy services to qualified, home care, non-facility-owned infusion centers or physician offices for its administration. The Site of Care Program is intended to provide Blue Shield members with clinically appropriate, alternative sites of service that may lower total treatment costs and increase convenience by reducing or eliminating their travel time.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Site of Care is applicable to members with the following plans: PPO, Direct Contract HMO, and when applicable, ASO/Shared Advantage/HMO (non-direct contract).

For a list of drugs that are part of the Site of Care Program: [click here](#)

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.

Members with the following plans: PPO, Direct Contract HMO, and when applicable, ASO, Shared Advantage, HMO (non-direct) may be required to have their medication administered at a preferred site of service, including the home, a physician's office, or an independent infusion center not associated with a hospital.

For members that cannot receive infusions in the preferred home or ambulatory setting AND meet one of the following criteria points, drug administration may be performed at a hospital outpatient facility infusion center.

CRITERIA FOR HOSPITAL OUTPATIENT FACILITY ADMINISTRATION

MCG Care Guidelines, 19th edition, 2015

ADMINISTRATION OF THIS DRUG IN THE HOSPITAL OUTPATIENT FACILITY SITE OF CARE REQUIRES ONE OF THE FOLLOWING: (*Supporting Documentation must be submitted*)

1. Patient is starting new therapy with this drug. Subsequent doses will require medical necessity for continued use in the hospital outpatient facility site of care.
2. Patient is being re-initiated on this drug after being off therapy for at least 6 months. Subsequent doses will require medical necessity for continued use in the hospital outpatient facility site of care.
3. Additional clinical monitoring is required during administration as evidenced by one of the following:
 - a. Patient has experienced a previous severe adverse event on this drug based on documentation submitted.
 - b. Patient continues to experience moderate to severe adverse events on this drug based on documentation submitted, despite receiving premedication such as acetaminophen, steroids, diphenhydramine, fluids, etc.
 - c. Patient is clinically unstable based on documentation submitted.
 - d. Patient is physically or cognitively unstable based on documentation submitted

Review History

Date of Last Annual Review: 4Q2025

Changes from previous policy version:

- No clinical change following revision.

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*