 <p>JOHNS HOPKINS M E D I C I N E JOHNS HOPKINS HEALTHCARE</p>	Johns Hopkins HealthCare LLC	<i>Policy Number</i>	PHARM061
	Pharmacy Pharmacy Operational Policies	<i>Effective Date</i>	01/01/2018
		<i>Review Date</i>	01/18/2023
	<i>Subject</i>	<i>Revision Date</i>	07/10/2020
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This document applies to the following Participating Organizations:

Priority Partners

US Family Health Plan

Keywords: infusion, site of care

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I. ACTION

X	New Policy	
	Repealed Policy Date	
	Superseded Policy Number	

II. PURPOSE

To describe Johns Hopkins Healthcare's Pharmacy Review Department prior Authorization policy for optimization of infusion services site of care for Priority Partners and US Family Health Plan enrollees. Prior authorization is required for members 18 years of age and older to receive certain infusion drugs in a hospital-based, or regulated setting.

For a complete list of the provider-administered drugs that this policy applies to for **Priority Partners**, please visit the following link: https://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/our_plans/priority_partners/specialty-medications.html


For a complete list of the provider-administered drugs that this policy applies to for **US Family Health Plan**, please visit the following link: https://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/our_plans/usfhp/pharmacy.html#specialty_medications

III. POLICY

Prior Authorization criteria for hospital based infusion services:

Infusion services for the applicable drugs may be approved for administration in a hospital outpatient facility (Place of Service Code 19 or 22) when the following criteria are met:

1. Member is 18 years of age or older
2. Documentation has been provided showing one of the following:

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- a. History of a severe, or life-threatening adverse event following infusion that can not be managed in a non-regulated setting. Severe adverse event examples include, but are not limited to: anaphylaxis, seizure, myocardial infarction, thromboembolism, renal failure, etc.
- b. History of continued adverse event experiences that cannot be controlled with pre-medications
- c. Member's clinical history reflects a clinical condition that may increase the risk of infusion complications; such conditions include, but are not limited to: cardiopulmonary conditions, unstable vascular access, difficulty tolerating intravenous volumes, etc.
- d. Member has documented physical and/or cognitive impairment and has no home caregiver available
- e. Member's home is not eligible/appropriate for home infusion services as determined by home infusion provider
- f. Member lives outside a 15-mile radius from infusion services.

IV. DEFINITIONS


- Site of Care: Choice of physical location of infusion administration. Sites of care include hospital inpatient, hospital outpatient, community office, ambulatory infusion suite, or home based setting. ¹
- Place of Service Codes:
 - **Code 11 (Office):** Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
 - **Code 12 (Home):** Location, other than a hospital or other facility, where the patient receives care in a private residence.
 - **Code 19 (Off Campus-Outpatient Hospital):** A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. ¹
 - **Code 22 (On Campus-Outpatient Hospital):** A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. ¹
 - **Code 24 (Ambulatory Surgical/Infusion Center):** A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

V. AUTHORIZATION PERIOD/LIMITATIONS

- Site of Care authorization will be approved for the equivalent duration as the clinical PA authorization.
- Reauthorization will require documentation showing the continued necessity for administering the associated medication in a regulated setting.
- If pre-authorization for hospital infusion of the above medications is not obtained, submitted payment claims will be denied.

VI. REFERENCES

1. Centers for Medicare & Medicaid Services: Place of Service Code Set. http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html . Accessed June 20, 2017.

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VII. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
12/29/2017	Creation of Policy PHARM58 for PPMCO, USFHP
12/18/2018	Separated PPMCO and USFHP coverage criteria; PHARM58 is for USFHP and PHARM61 will continue to be for PPMCO; and added additional applicable J-codes to PHARM61
03/08/2019	Updated drug listing per January 2019 P&T Committee approval, and clarified coverage criteria
07/01/2019	Modified layout
07/23/2019	Clarified the authorization section
11/01/2019	Clarified applicable LOB
01/15/2020	Added USFHP as an applicable LOB, and updated layout
07/10/2020	Add CMS Code 24 definition as a reference in the Definition section (no policy change)

Review Date: 12/29/2017, 01/16/2019, 07/17/2019, 1/15/2020, 01/20/2021, 01/19/2022, 01/18/2023

Revision Date: 12/18/2018, 03/08/2019, 07/01/2019, 07/23/2019, 11/01/2019, 01/15/2020, 07/10/2020