



Administrative Policy Statement MARKETPLACE

Policy Name	Policy Number	Date Effective
Site of Care Management Program	PAD-0200-MPP	July 1, 2026
Policy Type		
Medical	ADMINISTRATIVE	Pharmacy
		Reimbursement

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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A. Subject

This policy outlines required criteria for provider administration of drugs in outpatient settings and directs care to be administered in the most cost-effective and clinically appropriate site of care.

B. Background

The purpose of this policy is to establish a mandatory site of care program that ensures members receive healthcare services in the most clinically appropriate, efficient, and cost-effective settings. This program aims to improve healthcare outcomes, enhance the quality of care, and reduce overall healthcare costs.

This policy is a guideline for determining site of care coverage for select specialty drugs. It is used as a tool to be interpreted in conjunction with the member's specific benefit plan. The intent of this policy is to outline the requirements for coverage and reimbursement of drugs administered in the outpatient settings.

C. Definitions

- **Site of Care:** the physical location of infusion or injection administration. Sites of Care include hospital outpatient, provider's office, ambulatory infusion center or suite, or home-based setting.
- **Ambulatory Infusion Center (AIC):** a stand-alone infusion center outside a hospital setting where infusible medications are routinely administered under the supervision of healthcare practitioners. AICs may benefit patients receiving medications that are potentially unsuitable for home administration or those preferring a non-home option.
- **Ambulatory Infusion Suite (AIS):** a pharmacy-based infusion suite outside a hospital that serves as an alternative site to a home, physician's office, or hospital. AISs are staffed by healthcare professionals under physician orders and are considered an extension of or alternative to a patient's home.
- **Home Infusion (HI):** a service offered with nursing coordination outside of a professional setting to facilitate the IV or SC administration of drugs or biologicals to an individual in the home setting.
- **Hospital Outpatient Department (infusion center):** a dedicated area in a hospital or affiliated clinic where patients receive IV, SC, or non-oral therapies on an outpatient basis. HOPDs provide specialized services for administering medications, fluids, or blood products.
- **Provider Office Infusion Center (OIC):** a physician-led infusion center, often not in a hospital, where infusion and injectable medications are administered as part of a physician's practice. This setting may benefit patients needing medications unsuitable for home administration or preferring care through a single provider.

D. Policy

This policy applies to newly ordered and ongoing infusion services for intravenous and / or subcutaneous, non-oral specialty medications. This policy does not apply to the first



administration or starter / initial doses of a medication if unsuitable for independent self-administration. All subsequent or maintenance doses are subject to the Site of Care Management Program which requires the use of an outpatient infusion facility (e.g., ambulatory infusion center, suite or physician office) or home care setting.

CareSource considers outpatient hospital facility-based administration medically necessary for members who meet the following criteria, with supporting clinical documentation or medical records:

- The member's condition is clinically unstable such that immediate access to services in a hospital setting may be required. Examples include, but are not limited to, cardiopulmonary conditions, inability to safely tolerate intravenous volume loads, unstable vascular access.
- The member has physical or cognitive impairments such that immediate access to services in a hospital setting may be required.
- The member has previously had a severe or potentially life-threatening adverse event that occurred while receiving requested medication and additional monitoring is required. Examples include, but are not limited to, anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure.
- Prescriber attests and provides documentation that medication administration is not suitable for home infusion therapy AND there is not another lower intensity setting available.

NOTE: Clinical documentation (i.e.: infusion records, medical records) supporting an exception must be included with dates and specific details of prior anaphylactic experience or adverse reactions and mitigation steps taken.

If the medical necessity criteria for administering an injectable medication in an outpatient hospital facility is not satisfied, an outpatient infusion facility (e.g., ambulatory infusion center, suite or physician office) or home care setting should be utilized.

E. Conditions of Coverage

Noted above.

The Site of Care Management program mandates that injectable or infusible drugs be administered in a non-outpatient hospital setting that does not bill in accordance with an affiliated outpatient hospital.

F. Related Policies/Rules

- For a list of medications included in the Site of Care Management program, please reference the [Site of Care Management Program Drug List](#).



G. Review/Revision History

DATES		ACTION
Date Issued	04/01/2026	
Date Revised		
Date Effective	07/01/2026	
Date Archived		

H. References

1. [Center for Medicare & Medicaid Services 2025](#)
2. National Home Infusion Association <https://nhia.org/about-infusion-therapy/>
3. IPD Analytics Rx INSIGHTS: Hospital/Health System *Site-of-Care Optimization: A Primer and Emerging Opportunities*

The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.