curative

TITLE:	SITE OF SERVICE
POLICY CODE:	MM-PNP-064
VERSION #:	01
DEPARTMENT:	MEDICAL MANAGEMENT
ORIGINAL EFFECTIVE DATE:	05/05/2025
CURRENT REVISION DATE:	N/A

1. PURPOSE

To ensure medical services are administered in the most clinically appropriate and cost-effective setting ensuring high value patient care, in alignment with Curative's care delivery vision.

2. SCOPE

This policy applies to all Curative members receiving medical and certain pharmacy services.

3. RESPONSIBILITIES

ROLE	RESPONSIBILITY
Process Owner	Responsible for administering this policy through ongoing day-to-day operations, training, and workflow management.
Quality Assurance & Compliance	Responsible for providing oversight over all quality and compliance falling under Curative, Inc. Ensures that developed processes meet and comply with defined or standardized quality specifications.
Legal	Responsible for providing guidance in the handling of assets and data under the governing laws for Curative, Inc.
Employee	Responsible for following the processes and procedures provided to them by Curative, Inc.

4. POLICY

Policy Statement:
Curative supports the delivery of covered medical services in the most appropriate site of care, which may include a home, office, diagnostic facility, ambulatory surgical center (ASC), infusion suite (AIS), or outpatient hospital settings when medically necessary. The goal is to enhance patient experience, safety, and outcomes in the most cost-effective manner, in keeping with the quadruple aim.

Scope:
This policy applies to:

- All members receiving services covered by Curative.
- Any service for which Curative requires prior authorization.
- Medically necessary procedures, infusions, imaging, and other services that can be safely provided in a non-hospital setting.

Site of Care Requirements:
1. Preferred Sites of Care:

The following settings are preferred sites of care:

- Self- or other non-medical-person administration of therapies that can be self-administered is to be utilized instead of office or home nursing administration at all times as deemed medically necessary. Training of the member, family, or friend is to be performed. Exceptions are for patient safety or unusual circumstances.
- Home infusion therapy is preferred to all other settings when clinically appropriate.
- When direct clinician oversight or participation in procedures or infusions is required, the preferred sites of care are Office > ASC > outpatient hospital.
- Standalone diagnostic facility is preferred compared to outpatient hospital, provided the quality of the testing equipment is adequate [i.e., MRI is 1.5T or greater]
- AIS is preferred compared to outpatient hospital
- ASC is preferred compared to outpatient hospital

2. Non-preferred sites of care:

- Hospital outpatient departments are higher-cost settings and are considered non-preferred when the service can be performed in the office, home, diagnostic facility, ASC or AIS.
- ASCs and AISs are higher-cost settings and may be considered non-preferred when the service can be performed in the office, home, or diagnostic facility.

2. Medical Necessity Criteria for Site of Care:
A service may be considered medically necessary in a higher-cost setting (e.g., hospital outpatient department, ASC, or AIS) if one of more of the following criteria are met:

- The member has a medical condition that requires close monitoring or access to emergency services.
- For **surgeries**, the use of a hospital outpatient facility is considered medically necessary for members who meet one or more of the criteria below:
    1. American Society of Anesthesiologists Physical Status classification III or higher
    2. Danger of airway compromise:
        a. History of obstructive sleep apnea or stridor; or
        b. Persons with dysmorphic facial features, such as Pierre-Robin syndrome or Down syndrome; or
        c. Persons with oral abnormalities, such as small opening (less than 3 cm in adult); protruding incisors; high arched palate; macroglossia; tonsillar hypertrophy; or a non-visible uvula; or
        d. Persons with neck abnormalities, such as obesity involving the neck and facial structures, short neck, limited neck extension, spinal cord instability, decreased hyoid-mental distance (less than 3 cm in adult), neck mass, cervical spine disease or trauma, disorders of cranial nerves IX or X, tracheal deviation, or advanced rheumatoid arthritis; or
        e. Persons with jaw abnormalities, such as micrognathia, retrognathia, trismus, or significant malocclusion
    3. Morbid obesity (BMI > 35 with comorbidities or BMI > 40)

4. Pregnancy
5. Age less than 12 years
6. Prolonged surgery (>3 hrs.)
7. Metabolic, hepatic, or renal compromise including:
    a. Advanced liver disease (MELD Score > 8)
    b. Poorly controlled diabetes (hemoglobin A1C > 9)
    c. End-stage renal disease with hyperkalemia (serum potassium level of >5.0
    d. (mmol/L) or undergoing regularly scheduled peritoneal dialysis or hemodialysis
8. Active substance use-related disorders:
    a. Alcohol dependence (at risk for withdrawal syndrome)
    b. Current use of high dose opioids, defined as morphine equivalent daily dose of 90 or more milligrams (high risk for anesthesia complications)
9. High-risk cardiac status, including:
    a. History of myocardial infarction (MI) within 90 days prior to planned surgical procedure
    b. Ongoing evidence of myocardial ischemia
    c. Significant heart valve disease
    d. Cardiac arrhythmia (symptomatic arrhythmia despite medication)
    e. Hypertension resistant to concurrent use of three (3) or more prescription medications
    f. Uncompensated chronic heart failure (CHF) (NYHA class III or IV)
10. Coronary artery disease (CAD) or peripheral vascular disease (PVD) with one or more of the following:
    a. Ongoing cardiac ischemia requiring medical management
    b. Recent placement of drug eluting stent (DES) or bare metal stent (BMS) placed within 365 days prior to planned surgical procedure
    c. Angioplasty within 90 days prior to planned surgical procedure
    d. Active use of acetylsalicylic acid (ASA) or prescription anticoagulants
11. Comorbid neurological or neuromuscular conditions:
    a. History of cerebrovascular accident (CVA) or transient ischemic attack (TIA) within 90 days of planned surgical procedure
    b. Uncontrolled epilepsy
12. Other respiratory and breathing related conditions:
    a. Sleep apnea (moderate to severe obstructive sleep apnea [OSA])4
    b. Unstable respiratory status: i. Poorly controlled asthma (FEV1 < 80% despite medical management); ii. Chronic obstructive pulmonary disease (COPD) (FEV1 < 50%); iii. Ventilator-dependent patient (e.g., quadriplegia, paraplegia)
13. Hematologic conditions:
    a. Bleeding disorder requiring replacement factor, blood products or special infusion products to correct a coagulation defect (excluding DDAVP, which is not blood product)
    b. Significant thrombocytopenia (platelet count <50,000/microL)
    c. Anticipated need for transfusion of blood (autologous or allogeneic) or blood products (e.g., platelets)

    d. Sickle cell disease
14. Personal or family history of complication of anesthesia (i.e., malignant hyperthermia) or sedation
15. Other unstable or severe systemic diseases, intellectual disabilities or mental health conditions that would be best managed in an outpatient hospital setting

- The member has a documented history of:
    - Adverse events in a non-hospital setting
    - Failed prior attempts to complete the service outside of the higher-cost setting
    - Post-procedure complications requiring hospital-level intervention
- The procedure or service requires equipment, services, or support personnel that are only available in a higher-cost setting.
- The member is non-ambulatory, has severe mobility limitations, or cognitive / behavioral health issues that would make care unsafe outside of a hospital
- No alternative site is available within a 30-mile radius or reasonable travel time of 45 minutes by car.
- The member resides in a medically underserved area or has transportation limitations that prevent safe travel to lower-cost site
    - This limitation does not apply if Curative can arrange, at Curative's expense, safe and timely transportation for the member to the preferred site of care.
- The treating provider is in-network **and** lacks clinical privileges at lower-cost sites or does not have access to equivalent facilities for the procedure.
- For infusions and physician administered drugs, the drug preparation requirements are not feasible at home or AIS (e.g., specific stability/handling issues).
- The requesting provider attests to clinical justification for the non-preferred setting with supporting documentation.

3. Exemptions:
Medical services that do not require prior authorization are excluded from this policy. Services rendered during an inpatient facility admission (hospital, skilled nursing facility, inpatient psychiatric setting) are excluded from this policy.

Process for Authorization:

- All medical services requiring prior authorization are subject to site of care review under this policy.
- The requesting provider must submit documentation supporting the most appropriate site of care, such as:
    - Clinical notes and history
    - Prior treatment records
    - Diagnostic testing (if relevant)
    - Justification addressing the above criteria
- Authorization may be redirected to a lower-cost site of care based on clinical review.
- In the event that Curative determines that the service meets medical necessity but the site of care does not meet medical necessity, Curative will issue a partial adverse determination to the requesting provider and member. This notification will include:
    - Legal and contractual requirements for adverse determination notifications
    - Rationale for denial of the site of care
    - Rationale for approval of the requested service
    - Recommendations for alternative site(s) of care, and instructions for providers to request an update to the site of care.

- Curative will outreach to the member and requesting provider telephonically at the time of determination to ensure understanding of the site of care determination and assist in selecting an alternate setting if requested.
- Upon selection by the provider of a preferred site of care, Curative will update the authorization request to reflect an approved authorization as appropriate. Curative will issue a notification to the provider of the approved service.

4. Compliance Monitoring:
Clinical Services will monitor utilization trends on a continuous basis to identify patterns, ensure adherence, and make policy updates as needed.

5. References:

1. UpToDate

5. CMS

6. [Insert internal medical policy reference numbers]

5. TRAINING REQUIREMENT

All Curative Employees are responsible for reading and comprehending this Policy and Procedure. Employees are also responsible for contacting management or Compliance with any questions or concerns regarding the information contained within this Policy and Procedure.

7. ENFORCEMENT

Violations of this Policy and Procedure may result in sanctions in accordance with the Curative Sanctions Policy. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal and equitable remedies may apply.

8. DOCUMENTATION

N/A

9. REFERENCE DOCUMENTS AND MATERIALS

9.1. Regulatory Authority

9.1.1. Office of the Inspector General. (October 5, 2000). Office of Inspector General's Compliance Program Guidance for Individual and Small Group Physician Practices. *Federal Register*, 65(194), 59435-59452.

9.2. Internal - N/A

9.3. External - N/A

10. COLLABORATING DEPARTMENTS

10.1. N/A

11. DOCUMENT CONTROL

REVISION HISTORY			
Date	**Author**	**Version**	**Comments**

05/05/2025	Binita Patel	01	Initial Version

APPENDICES

N/A