Reimbursement Policy

# Chemotherapy

**Policy Number:** 4.11
**Version Number:** 9
**Version Effective Date:** 04/01/2021

| Product Applicability | ☐ **All Plan⁺ Products** |
|---|---|
| **Well Sense Health Plan** | **Boston Medical Center HealthNet Plan** |
| ☐ Well Sense Health Plan | ☒ MassHealth MCO<br>☒ MassHealth ACO<br>☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct<br>☐ Senior Care Options |

Note: Disclaimer and audit information is located at the end of this document.

## Policy Summary

The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

The Plan provides reimbursement for chemotherapy services performed in the inpatient and outpatient setting, including chemotherapy drugs, administration and monitoring, and high-dose chemotherapy with bone marrow or stem cell support for eligible members. Other services reimbursed include but are not limited to hydration therapy, therapeutic or diagnostic injections, intravenous infusions, and medication. All coverage terms are subject to the reimbursement terms identified within this policy.

## Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

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### *Medication Authorization Requirements*

The Plan requires authorization on certain medications, regardless of the type of service associated with its administration. As a result, even though chemotherapy may not require an authorization, some medications used during its administration may require a prior-authorization. Please reference the Plan's pharmacy webpage to identify medications that require prior-authorization.

### *Home Administered Chemotherapy Authorization Requirements*

Home administered chemotherapy will follow the authorization requirements for general home care. Please reference the Plan's prior authorization matrix for specific requirements related to home care authorizations as well as the Plan's Enteral, Parenteral, and Infusion Reimbursement Policy, 4.121.

## Provider Reimbursement

### *Medication Reimbursement*

Medication reimbursement for all chemotherapy services will be based on the type of medication administered. Visit the Plan's Pharmacy Program page to access a complete listing of specialty medications. Medications administered by the Plan through specialty pharmacy vendors must be billed through the pharmacy benefit and through procedures defined by each contracted specialty pharmacy vendor. For those medications not administered by specialty pharmacy vendor the Plan will reimburse providers at the rates and according to the billing requirements identified in the BMC HealthNet Plan Formulary.

### *Chemotherapy Administration Reimbursement*

The Plan follows the most current American Medical Association (AMA) CPT coding guidelines for the administration of hydration, chemotherapy and therapeutic injections and infusions. Providers should chose the appropriate initial, sequential and/or concurrent administration codes based upon these CPT guidelines and whether billing for Facility or Professional services. The following reimbursement rules, though not all-inclusive, apply:

- Report only one initial administration service per day.
- Use separate codes for each parenteral method of administration
- Bill saline infusions and other supportive medications administered independently or sequentially to the chemotherapy administration with a 59, XE, XP, XS, or XU modifier.
  When billed together on the same date of service, multiple units of administration codes for chemotherapy IV push technique and infusion technique will be reimbursed without a surgical fee reduction; bill on one line with a count.

### *Drugs*

Physician administered drugs should be billed in accordance with the *General Billing and Coding Guidelines, 4.31* reimbursement policy.

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## Service Limitations

The Plan does not pay a physician for services provided under any of the following circumstances:

- The services were provided by a physician who individually or through a group practice has contractual arrangements with an acute, chronic, or rehabilitation hospital, medical school, or other medical institution that involve a salary, compensation in kind, teaching, research, or payment from any other source, if such payment would result in dual compensation for professional, supervisory, or administrative services related to member care.
- Rendering, administering, or dispensing any experimental, unproven, cosmetic, or otherwise medically unnecessary procedure or treatment.

### *Specific Non-Reimbursable Chemotherapy Related Services*

The Plan does not pay for physician services provided under any of the following circumstances:

- Supplies such as standard tubing, surgical trays and supplies, syringes when billed with E&M coding, or when billed with surgical services
- Supplies and materials (99070, 99071)
- Laboratory handling fees/conveyance of specimens
- Hospital mandated on-call services; in hospital or out of hospital
- Chemotherapy assessments and preparation of chemotherapeutic agents
- Office services provided on an emergency basis
- Insertion of an IV and administration of a IV flush
- E&M services billed in addition to chemotherapy administration codes - unless documentation in the member's medical record supports a significant separately identifiable service was performed as identified by modifier 25 (to be used on the E&M code)
- Injectable medication or saline solution billed concurrently with chemotherapy treatment (Medications injected/infused subsequent to chemotherapy are paid separately according to the terms of this policy.)

## Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

| Revenue Code | Description | Comment |
|---|---|---|
| 0250 | Pharmacy | Bill with CPT/HCPCS code |
| 0331 | Chemotherapy—injected | |
| 0332 | Chemotherapy—oral | |
| 0335 | Chemotherapy—IV | |
| 0636 | Drugs requiring detail codes | |

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| CPT Code | Description | Comment |
|---|---|---|
| 96360 | Intravenous infusion, hydration; initial, 31 minutes to 1 hour | |
| 96361 | Intravenous infusion, hydration; *each additional hour* (List separately in addition to code for primary procedure) | |
| 96365 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); *initial*, up to 1 hour | |
| 96366 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); *each additional hour* (List separately in addition to code for primary procedure) | |
| 96367 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); *additional sequential infusion* of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure) | |
| 96368 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); *concurrent infusion* (List separately in addition to code for primary procedure) | |
| 96372 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular | |
| 96373 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial | |
| 96374 | Intravenous push, single or initial substance/drug | |
| 96375 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); *each additional sequential* intravenous push of a new substance/drug (List separately in addition to code for primary procedure) | |
| 96376 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure) | |
| 96379 | Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion | |
| 96401 | Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic | |

| CPT Code | Description | Comment |
|---|---|---|
| 96402 | Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic | |
| 96405 | Chemotherapy administration; intralesional, up to and including 7 lesions | |
| 96406 | Chemotherapy administration; intralesional, more than 7 lesions | |
| 96409 | Chemotherapy administration; intravenous, push technique, *single or initial* substance/drug | |
| 96411 | Chemotherapy administration; intravenous, push technique, *each additional substance/drug* (List separately in addition to code for primary procedure) | |
| 96413 | Chemotherapy administration, IV infusion, up to 1 hour, *single or initial* substance/ drug | |
| 96415 | Chemotherapy administration, intravenous infusion technique; *each additional hour* | List in addition to code for primary procedure |
| 96416 | Chemotherapy administration, IV infusion; initiation of prolonged chemotherapy infusion (more than 8 hours) requiring the use of portable/implantable pump | |
| 96417 | Chemotherapy administration, IV infusion; *each additional sequential infusion*, up to one hour | List in addition to code for primary procedure |
| 96420 | Chemotherapy administration, intra-arterial; push technique | |
| 96422 | Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour | |
| 96423 | Chemotherapy administration, intra-arterial; infusion technique, *each additional hour* | |
| 96425 | Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump | |
| 96440 | Chemotherapy administration into pleural cavity, requiring and including thoracentesis | |
| 96446 | Chemotherapy administration into the peritoneal cavity via indwelling port or catheter | |

| CPT Code | Description | Comment |
|---|---|---|
| 96450 | Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture | |
| 96542 | Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents | |
| 96549 | Unlisted chemotherapy procedure | |

## Policy History

| Original Approval Date | Original Effective Date | Policy Owner | Approved by |
|---|---|---|---|
| 10/31/2005 | 03/01/2007 | Payment Policy | Payment Policy Committee |

| Policy Revisions History | | | |
|---|---|---|---|
| **Review Date** | **Summary of Revisions** | **Revision Effective Date** | **Approved by** |
| 01/24/2007 | Modified codes to reflect new code releases, changed approving entity, and incorporated Commonwealth Care product | 01/24/2007 | Payment Policy Committee |
| 06/29/2007 | Modified coding and updated formatting | 06/29/2007 | Payment Policy Committee |
| 01/15/2008 | Modified responsibility and accountability section to clarify member, provider, and Plan responsibilities, clarified how to quantify time during IV administration, added hydration therapy section | 01/15/2008 | Payment Policy Committee |
| 10/03/2011 | Updated coding | 10/03/2011 | Payment Policy Committee |
| 02/02/2012 | Updated coding | 02/02/2012 | Payment Policy Committee |
| 12/04/2013 | Updated template, product applicability section, and references for BMC HealthNet Plan Qualified | 12/04/2013 | Payment Policy Committee |

| Policy Revisions History | | | |
|---|---|---|---|
| | Health Plans, including ConnectorCare | | |
| 06/15/2016 | Annual review, new template, removed statistical coding from coding table, moved non-reimbursable services out of coding table to service limitation section, added pharmacy website to medication reimbursement section | 07/01/2016 | Payment Policy Committee |
| 02/16/2021 | Updated Product Applicability Box, annual review | 04/01/2021 | Payment policy Committee |

## Other Applicable Policies

- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Infusion/Parenteral/Tube Fed Enteral Nutritional Therapy, 4.121
- Outpatient Hospital, 4.17
- Physician and Non-Physician Practitioner Services, 4.608
- Non-Reimbursed Codes, 4.48
- Anesthesia, 4.103

## References


- Federal Register and CMS Physician Fee Schedule
- CPT® Assistant December 2011 / Volume 21 Issue 12
- CPT® Assistant February 2009 / Volume 19 Issue 2
- MassHealth Regulation 101 CMR 317.00: Medicine
- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth
- MassHealth Regulation 130 CMR 433.00: Physician Services, Subchapters 1 through 6
- Evidence of Coverage, Form No. BMCHP-CC-8
- Form of Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan
- Evidence of Coverage, Form No. BMCHP CChoice-1
- BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage

## Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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