

## Oncology and Chemotherapy

### Policy

Harvard Pilgrim reimburses contracted providers for oncology services including chemotherapeutic agents and their administration. Coverage includes oncology procedures and supplies, necessary monitoring, and high-dose chemotherapy with bone marrow or stem cell support.

### Policy Definition

*Oncology is a field of medicine that deals with non-surgical therapy of cancer. Chemotherapy is the use of certain drugs to treat disease, most commonly cancer, as distinct from other forms of treatment, such as surgery.*

### Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. (Refer to [Referral, Notification, and Authorization](#)) for more information.

### HMO/POS/PPO

- A Referral is required for in-network specialist services for HMO and POS members.
- Notification is required for inpatient admissions. (Refer to [Emergent/Urgent Admission Notification and Elective Admissions Notification](#) for specific requirements.)
- Notification by the ordering physician to National Imaging Associates (NIA) required for non-emergency, outpatient advanced imaging services. (Refer to [Outpatient Advanced Imaging Authorization](#) for specific requirements.)
- Prior authorization is required through OncoHealth (formerly Oncology Analytics) for outpatient chemotherapy (infused and/or injected) or radiation therapy for members with a cancer diagnosis. For more information, please refer to the [Prior Authorization section](#) of the Harvard Pilgrim provider website, including the [clinical/authorization policy](#) and the [Vendor Programs page](#).

### Open Access HMO and POS

For [Open Access HMO](#) and [Open Access POS](#) products, no referral is required to see a contracted specialist.

### Harvard Pilgrim Reimburses<sup>1</sup>

#### HMO/POS/PPO

Reimbursement for drugs is at a rate that will not exceed Harvard Pilgrim's drug fee schedule allowables or policy limits. Harvard Pilgrim's drug fee schedule is periodically updated based on Average Sale Price (ASP), Average Wholesale Price (AWP), Harvard Pilgrim Specialty Pharmacy Program, or Medicare.

- The administration of chemotherapeutic agents by the following methods:
  - Intra-arterial
  - Intramuscular
  - Intraperitoneal
  - Intrapleural
  - Intrathecal
  - Intravenous
  - Subcutaneous
- Intra-arterial chemotherapy administration at 100% of the fee schedule for each unit billed for the following techniques:
  - IV push technique
  - IV infusion one to eight hours
  - Infusion techniques, prolonged infusion
  - IV infusion up to one hour

- Saline infusions and other supportive medications, administered independently or sequentially to the chemotherapy administration
- Venipuncture, only when it is the sole service performed (upon individual consideration after review of supporting medical documentation)
- A significant and separately identifiable office visit, in addition to the chemotherapy administration service(s) when the appropriate modifier is appended and supported by the medical documentation.
- Oral anti-emetics, as part of chemotherapeutic regimen

### Harvard Pilgrim Does Not Reimburse

#### HMO/POS/PPO

- Venipuncture when billed with an evaluation and management code or with laboratory services
- Supplies when billed with evaluation and management services or surgical services
- Laboratory handling fees when billed with laboratory specimens or surgical procedures
- Surgical trays
- Office visits provided on an emergency basis; billed in addition to an evaluation and management service
- Hospital mandated on-call services; in hospital or out of hospital
- Preparation of the chemotherapeutic agent separately from the administration fee
- Administration of a heparin flush separately from the office visit
- Chemotherapy assessment for nausea/vomiting levels, pain levels, and fatigue levels
- Physicians for chemotherapy administration services provided in a non-office setting

### Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Office-based chemotherapy services are subject to an office visit copayment.

### Provider Billing Guidelines and Documentation

#### Coding<sup>2</sup>

Code	Description	Comments
0331	Chemotherapy — injected	Bill with CPT/HCPCS code
0332	Chemotherapy — oral	
0335	Chemotherapy — IV	
0636	Drugs requiring detail codes	Bill with CPT/HCPCS code
36415	Venipuncture	Not reimbursed when billed with E&M services or laboratory services
36416	Collection of capillary blood specimen	Not reimbursed
96415	Chemotherapy administration, IV infusion; each additional hour 1–8 hours	List in addition to code for primary procedure
96417	Chemotherapy administration, IV infusion; each additional sequential infusion, up to one hour	List in addition to code for primary procedure
99000, 99001	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	Not reimbursed
99026	Hospital mandated on call service; in hospital	Not reimbursed
99027	Hospital mandated on call service; out of hospital	Not reimbursed

Code	Description	Comments
99058	Office services provided on an emergency basis	Not reimbursed
99070, 99071	Supplies and materials	Not reimbursed
A4550	Surgical trays	Not reimbursed
A4649	Surgical supply, miscellaneous	Not reimbursed
G9050–G9130	Oncology management for Medicare-approved demonstration project	Not reimbursed
J3490	Unclassified drugs	Provide the unlisted J code and NDC number; please see billing instructions below
J9999	Not otherwise classified anti-neoplastic drugs	
Q0163–Q0181	Temporary HCPCS codes	Use to bill for anti-emetics. Bill multiple units on one line with a count

## Other Information

### Chemotherapy Administration

- Report only one initial administration service per day.
- Use separate codes for each parenteral method of administration; indicate units in block 24G of the paper CMS-1500 or loop 2400, segment SV104 with UN qualifier in SV103 of the 837P.
- Reporting CPT and HCPCS codes representing the same service is not appropriate.
- Bill saline infusions and other supportive medications administered independently or sequentially to the chemotherapy administration with a 59 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.

### Unlisted Drugs, J Code Billing

Bill unlisted J codes as follows:

- Electronic claim submitters
  - The unlisted code in the SV1 segment, loop 2400 and the appropriate NDC Number in the LIN segment, loop 2410 of the HIPAA-compliant 837 format (If you are unable to submit electronic claims in the HIPAA-compliant format, submit a paper claim (see below).
- Paper claim submitters
  - CMS-1500 form — both the unlisted J code and appropriate NDC number in field 24D; place the NDC number under the unlisted J code. Bill units in field 24G.
  - UB-04 form — unlisted J code in field 44, and full description/name and strength of drug in field 43; place service units provided in field 46.

## Related Policies

### Payment Policies

- Anesthesia
- CPT and HCPCS Level II Modifier
- Evaluation and Management
- Home Infusion
- Human Leukocyte Antigen Testing
- Injectable & Implantable Outpatient Drug
- Maximum Units per Day

- Radiation Oncology
- Unlisted & Unspecified Procedure Codes

Clinical and Authorization Policies

- Outpatient Advanced Imaging

Billing & Reimbursement

- Claims Submission Guidelines

Medical Drug Program (CVS Health-Novologix)

PUBLICATION HISTORY

01/01/01	original documentation
01/01/03	updated coding including surgical trays and portable pumps
08/01/03	annual review; 2003 coding update; administration methods added; effective 08/01/03 listed and unlisted drug reimbursement not to exceed Harvard Pilgrim drug fee schedule or Specialty Pharmacy Program rates; added billing unlisted J codes
04/30/01	drug reimbursement clarified; non-reimbursed services clarified; annual coding review
10/01/05	annual review; updated HCPCS coding
01/31/06	coding update; added new infusion and chemotherapy codes added G9050–G9130 to HPHC does not reimburse
10/31/06	annual review; added Unlisted and Unspecified Procedure Codes as related policy
10/31/07	annual review; added physicians not reimbursed for chemo administration performed in a non-office setting, added reported only one initial admin service per day
10/31/08	annual review; clarified policy statement
01/31/09	annual coding update
10/15/09	annual review; minor updates for clarity; HLA added to Related Policies
09/15/10	annual review; minor edit for clarity
12/15/10	report F-codes for prostate cancer diagnosis
03/15/11	clarification of venipuncture reimbursement
09/15/11	annual review; clarified unlisted J code and NDC can be submitted under new 5010A format
01/01/12	removed First Seniority Freedom information from header
09/15/12	annual review; removed prostate cancer F codes from billing guidelines
10/15/13	annual review; no changes
01/15/14	administrative edits
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to prerequisites
10/15/14	annual review; administrative edits
10/15/15	annual review; no changes
10/15/16	annual review; administrative edits
01/15/17	annual coding review
02/15/17	removed G9021-G9032 from billing guidelines as previously deleted; removed moderate sedation from billing guidelines; added anesthesia as a related payment policy
10/15/17	annual review; added Medical Drug Program (CVS Health – Novologix) as a related medical policy
01/01/18	updated Open Access Product referral information under Prerequisites
10/01/18	annual review; administrative edits
10/01/19	annual review; no changes
10/01/20	annual review; updated Provider Billing Guidelines and Documentation
10/01/21	annual review; administrative updates
11/05/21	updated "Oncology Analytics" to "OncoHealth (formerly Oncology Analytics)"

<sup>1</sup>This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

<sup>2</sup>The table may not include all provider claim codes related to oncology and chemotherapy.