

**PROFESSIONAL NETWORK REIMBURSEMENT POLICY**

<b>POLICY TITLE</b>	<b>Chemotherapy Administration</b>
<b>POLICY NUMBER</b>	<b>NR-09.904</b>

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**I. DESCRIPTION/BACKGROUND**

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This policy documents the reimbursement methodology for chemotherapy administration and related services.

**II. DEFINITIONS**

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American Medical Association (AMA) - An organization whose mission is to promote the science and art of medicine and the betterment of public health. The AMA speaks out on issues important to patients and the nation’s health and exercises a strong advocacy agenda on behalf of patients and provider. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research, and education.

Centers for Medicare and Medicaid Services (CMS) – The current name of the government agency, which administers Medicare.

Current Procedural Terminology (CPT) – The American Medical Association’s (AMA) guidelines for coding and procedure reporting.

Healthcare Common Procedure Coding System (HCPCS) - A national standard, alphanumeric coding system established by the Centers for Medicare and Medicaid Services. It standardizes billing and payment for certain covered services (for example, medical supplies, prosthetics and durable medical equipment). HCPCS Level I codes are copyrighted by the American Medical Association (CPT). Level II codes are five-position alphanumeric codes maintained jointly by the Alpha-Numeric Panel (consisting of the Centers for Medicare and Medicaid Services (CMS), the Health Insurance Association of America, and

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the BlueCross and BlueShield Association). The American Dental Association copyrights the D-code series in Level II HCPCS.

National Correct Coding Initiative (NCCI) - The CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. The CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices.

**III. POLICY**

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Capital BlueCross utilizes the Optum™ Claims Edit System (CES) as the primary software resource for the application of correct coding and reimbursement methodology for chemotherapy administration and related services.

In general, chemotherapy administration and related services may be eligible for reimbursement consideration when reported in accordance with, correct coding guidelines as documented by the American Medical Association (AMA) and other nationally recognized sources subject to additional applicable reimbursement policies including but not limited to the National Correct Coding Initiative (NCCI) edits published by the Centers for Medicare and Medicaid Services (CMS) and Bundling/Unbundling as documented by the AMA and other nationally recognized sources. Chemotherapy administration is eligible for reimbursement consideration only when the therapeutic agent being administered is eligible for reimbursement consideration.

**Prolonged infusions and portable or implantable pumps** - When a chemotherapy regimen requires that a therapeutic agent be infused for a period of 8 hours or longer, it may be appropriate for the drug(s) to be administered through a portable or implantable pump and for the infusion to be completed outside of the office setting. When a prolonged chemotherapy infusion is administered beyond the office setting, transcending into the home setting, separate reimbursement for the portable or implantable pump may be allowed in addition to the reimbursement for the prolonged chemotherapy infusion.

Please refer to the following Professional Network Reimbursement Policies for additional information:

NR-30.019 *Correct Coding and Reimbursement Methodology*

NR-09.901 *Incident to Services*

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*NR-30.017 Reimbursement for Durable Medical Equipment*  
*NR-30.021 Reimbursement of Services Performed by Allied Health Professionals*

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

**IV. EXCLUSIONS**

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N/A

**V. VARIATIONS**

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

**VI. REFERENCES**

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*CPT 2020 Professional Edition*  
*American Medical Association*

*HCPCS Level II Expert*  
*Optum™ 2020*

*EncoderPro for Payers*  
*Optum™ 2020*

*Current NCCI Edits can be located by accessing the CMS website.*