

**Applies to:****Commercial Products**

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products

**Public Plans Products**

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health RITogether – A Rhode Island Medicaid Plan
- Tufts Health One Care – A dual-eligible product

**Senior Products**

- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

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**Policy**

Point32Health reimburses contracted providers for oncology services including chemotherapeutic agents and their administration.

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**Prerequisites**

Applicable Point32Health referral, notification and authorization policies and procedures apply.

Harvard Pilgrim Health Care members refer to [Referral, Notification and Authorization](#)

- Providers and Members enrolled with Harvard Pilgrim Health Care may reference the HPHC/OncoHealth guidelines for oncology indications (See Related Policies and Resources)

Tufts Health Plan members refer to the [Referral, Prior Authorization, and Notification Policy](#)

- Providers and Members enrolled with Tufts Health Plan should refer to the Pharmacy Utilization Management page for prior authorization and coverage determination requests (See Related Policies and Resources)

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**General Benefit Information**

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Drugs that require skilled administration by providers are generally covered under the medical benefit instead of the pharmacy benefit.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

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**Point32Health Reimburses**

- Administration of chemotherapeutic agents
- Oncology drugs
- Oral anti-emetics, as part of chemotherapeutic regimen
- A significant and separately identifiable evaluation and management service, in addition to the chemotherapy administration service when the appropriate modifier is appended and supported by the medical documentation

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## Point32Health Does Not Reimburse

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

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## Provider Billing Guidelines and Documentation

### Coding

These code tables may not be all inclusive.

Code	Description
0331	Chemotherapy administration- injection; Bill with applicable CPT/ HCPCS code
0332	Chemotherapy administration- oral; Bill with applicable CPT/ HCPCS code
0335	Chemotherapy administration- IV; Bill with applicable CPT/ HCPCS code
0636	Drugs requiring detailed coding; Bill with applicable CPT/ HCPCS code
J3490	Unclassified drugs; bill with NDC number according to Unlisted codes billing instructions (See Related Policies and Resources)
J9999	Not otherwise classified anti-neoplastic drugs; bill with NDC number according to Unlisted codes billing instructions (See Related Policies and Resources)

### 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 25G of the paper CMS-1500 or loop 2400, segment SV104 with UN qualifier SV103 of the 837P
- When billing multiple units of administration codes for chemotherapy IV push and infusion techniques and/ or related medications on the same date of service, bill on one line with a count

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## Related Policies and Resources

### Payment Policies

#### Harvard Pilgrim Health Care

- Anesthesia
- CPT and HCPCS Level II Modifier
- Evaluation and Management
- Home Infusion
- Injectable and Implantable Outpatient Drug
- Inpatient Acute Medical Admissions
- Maximum Units per Day
- Non-covered Services
- Radiation Oncology
- Unlisted and Unspecified Procedure Codes
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#### Tufts Health Plan

- Drugs and Biologicals
- Evaluation and Management Professional
- Home Infusion

- Imaging Services Professional
- Inpatient Facility
- Noncovered/ Nonreimbursable Services
- Radiation Oncology
- Unlisted and Not Otherwise Classified Codes

## **Clinical Policies**

### **Harvard Pilgrim Health Care**

- Oncology and Radiation Oncology (OncoHealth/Oncology analytics)
- Outpatient Advanced Imaging

### **Tufts Health Plan**

- High Tech Imaging Prior Authorization Program
- Pharmacy Overview
- Pharmacy Utilization Management

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## **Publication History**

09/29/2023: Policy moved to new template; includes all lines of business

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## **Background and Disclaimer Information**

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.