

Oncology Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting providers who render professional services in an outpatient or office setting. For information on Tufts Medicare Preferred HMO and Tufts Health Plan SCO policies and procedures, [click here](#).

For information on radiation oncology services, refer to the [Radiation Oncology Payment Policy](#).

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary oncology services, in accordance with the member's benefits.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Commercial Provider Services](#) or [Senior Products Provider Relations](#).

Commercial Products only

Drugs Covered under the Medical Benefit

Drugs that require skilled administration by providers (e.g., injected, infused or inhaled drugs) are covered under the member's medical benefit instead of the pharmacy benefit. Medical benefit drugs should be procured by the provider and billed with the applicable administration code (i.e., "buy and bill"). Medical benefit drugs are not available through retail pharmacies or CVS Specialty, except for select drugs that are available to be shipped by CVS Specialty to the provider's office for administration to the member (referred to as "white bag"). Refer to the [Office-Administered Medical Drugs Available through CVS Specialty](#) list for a list of these drugs.

Tufts Medicare Preferred HMO and Tufts Health Plan SCO products only

Office-Administered Medications

Tufts Health Plan makes available select specialty pharmacy and specialty infusion medications through CVS Specialty for office administration. Refer to the [Office-Administered Medical Drugs Available through CVS Specialty](#) list for additional information.

AUTHORIZATION REQUIREMENTS

Commercial products only

Coverage for oral and self-injected oncology medications is solely through CVS Specialty. Providers can submit new prescriptions by fax to CVS Specialty at 800.323.2445 or by calling 800.237.2767. For a list of chemotherapy drugs that are subject to Tufts Health Plan's prior authorization program, refer to the CVS online [drug search](#).

If an oncology medication requires prior authorization, providers must complete the [Massachusetts Standard Form for Medication Prior Authorization Requests](#) and fax it to the appropriate department:

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

- For medications covered under the member’s medical benefit (e.g., skilled administration by providers such as intravenous or infusion), fax the form to the Precertification Operations Department at 617.972.9409.
- For medications covered under the member’s pharmacy benefit (e.g., self-administered subcutaneous or oral medications), fax the form to the Pharmacy Utilization Management Department at 617.673.0988.

For information regarding medication coverage under the member’s medical or pharmacy benefit, refer to the [Pharmacy Medical Necessity Guidelines](#) in the Provider Resource Center.

Tufts Medicare Preferred HMO/Tufts Health Plan SCO

Members are required to use CVS Specialty for coverage of oral oncology medications. If an oncology medication requires prior authorization, providers should fax a completed [Universal Pharmacy Programs Request Form](#) to the Precertification Operations Department at 617.673.0956. Refer to the [Pharmacy](#) section of our website for additional information.

BILLING INSTRUCTIONS

Submit unlisted CPT/HCPCS procedure code(s) on a paper claim form with supporting documentation detailing the services provided. Unlisted procedure code(s) are subject to medical director review. Refer to the [Provider Payment Dispute Policy](#) for additional information regarding the dispute process.

Chemotherapy CPT Procedure Codes

Procedure Codes	Description
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion
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	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug)
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96401	Chemotherapy admin, non-hormonal anti-neoplastic
96402	Chemotherapy admin, hormonal anti-neoplastic
96409	Chemotherapy admin, IV push, single
96411	Chemotherapy admin, IV push, each additional drug
96413	Chemotherapy admin, IV infusion, up to 1 hour
96415	Chemotherapy admin, IV infusion, each additional hour
96416	Chemotherapy admin, initiation of prolonged chemo infusion (more than 8 hours)
96417	Chemotherapy admin, each additional sequential infusion, up to 1 hour
96521	Refilling and maintenance of portable pump
96522	Refilling and maintenance of implantable pump
96523	Irrigation of implanted venous access device for drug delivery systems

COMPENSATION/REIMBURSEMENT INFORMATION

Use of noncontracting 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, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Unless a separately identifiable service is documented, compensation for intravenous infusion services is included in intravenous chemotherapy services when administered at the same session. Refer to the [NCCI Policy Manual](#) for additional information.

Administration Denials for Drugs and Biologicals

Tufts Health Plan does not routinely compensate chemotherapy drug administration codes (96401-96450, 96542-96549 and Q0083-Q0085) under the following circumstances:

- If billed with a drug administered using nonchemotherapy administration codes (unless a drug that is administered using chemotherapy codes has also been billed for the same date of service)
- If a drug administered using a chemotherapy code has not been billed for the same date of service

Chemotherapy Administration

In accordance with National Correct Coding Initiative (NCCI) edits, chemotherapy administration is not separately compensated, as it is included in vascular access procedures and injection procedures. Refer to the [NCCI Policy Manual](#) and the AMA CPT Manual for additional information.

Certain IV injections, refilling and maintenance of portable or implantable pumps or regional hypothermia are included in the IV chemotherapy administration and are not separately compensated.

Tufts Health Plan does not routinely compensate for chemotherapy administration (96401-96409) if billed with an evaluation and management (E&M) service (99201-99205, 99211-99215), as the chemotherapy administration is included in the E&M service.

Tufts Health Plan does not routinely compensate irrigation of implanted venous access device for drug delivery systems (96523) if billed with intravenous chemotherapy administration (96413 or 96415), as the irrigation of implanted venous device is included in the chemotherapy administration.

Intravenous Infusion with Chemotherapy Services

Intravenous infusion services are included in intravenous chemotherapy services when administered in the same session, unless a separately identifiable service is documented.

Nonreimbursable Procedure Codes

CMS considers some procedure codes nonreimbursable. To align with CMS, Tufts Health Plan may apply nonreimbursable logic to certain procedure codes based on CMS guidelines. In addition, procedure codes may be placed on nonreimbursable logic based on Tufts Health Plan Policy. Refer to the provider's current contract for details regarding nonreimbursable logic.

Prostate Cancer Screening Tests

Tufts Health Plan does not routinely compensate for prostate cancer screening tests performed more than once every 11 months. Refer to the [CMS Internet-Only Manuals](#) for more information.

ADDITIONAL RESOURCES

[Drugs and Biologicals Payment Policy](#)

[Imaging Services Professional Payment Policy](#)

[Radiation Oncology Professional Payment Policy](#)

DOCUMENT HISTORY

- October 2018: Policy reviewed by committee; added Tufts Medicare Preferred HMO and Tufts Health Plan SCO content to combine document
- June 2018: Template updates
- September 2017: Added language regarding drugs covered under the member's medical benefit
- February 2017: Policy reviewed; changed pharmacy vendor from Accredo to CVS Specialty
- January 2017: Template updates
- September 2015: Template conversion, template updates
- February 2015: Moved drug and biological policies to the Drugs & Biologicals payment policy

- October 2014: Added antineoplastic chemotherapy-induced pancytopenia or anemia due to antineoplastic chemotherapy diagnoses to the iron sucrose policy.
- August 2014: Added policies for leuprolide acetate, octreotide acetate and palonosetron HCl, effective for dates of service on or after October 1, 2014, updated current drug administration policy, template updates
- July 2014: Updated coverage of bortezomib to 35 units, template updates.
- June 2014: Removed policy regarding non-reimbursement for Fosaprepitant (J1453) Emend®, related to the prevention of nausea and vomiting, as it no longer applies, template updates.
- May 2014: Policy reviewed. Added policies effective for dates of service on or after July 1, 2014, template updates
- November 2013: Revised specialty pharmacy to reflect name change of Curascript to Accredo, template updates.
- September 2013: Template conversion.
- August 2013: Added information about drug and biological edits effective for dates of service on or after October 1, 2013. Template updates.
- July 2013: Updated the frequency for pegfilgrastim.
- May 2013: Added information about drug and biological edits effective for dates of service on or after July 1, 2013, updated covered codes for Zoledronic acid, moved some policies from the Outpatient policy to this policy, template updates.
- April 2012: Removed information regarding compensation for a non-chemotherapy drug administration code (96365–96379, Q0081) when billed with a drug that is administered using chemotherapy administration codes and a drug that is administered with non-chemotherapy codes has not been billed for the same date of service, as it no longer applies. Added effective for claims adjudicated on or after April 2, 2012, Tufts Health Plan will not reimburse for filgrastim when a CBC with differential (80050, 80055, 85004–85009, 85025–85032, 85048, 85060, G0306, G0307) has not been billed by any provider for the same date of service or within the ten days prior to the administration, template updates.
- October 2011: Template updates, no content changes.
- August 2011: Clarified information regarding the Drug search, adding a link to Tufts Health Plan’s Pharmacy Medical Necessity Guidelines and clarified policy descriptions of Bevacizumab and Filgrastim.
- June 2011: Corrected scrivener errors, policy reviewed.
- May 2011: Added information about administration denials for drug and biologicals effective for adjudication dates on or after July 1, 2011.
- March 2010: Added add-on code information. Removed chemotherapy drug list as this information is found on the Tufts Health Plan website.
- January 2009: Deleted CPT Procedure codes: 90760, 90761, 90765, 90766, 90767, 90768, 90772, 90773, 90774, 90775, & 90779 and replaced with 96360, 96361, 96365, 96366, 96367, 96368, 96372, 96373, 96374, 96375, & 96379.
- April 2008: Clarified that Tufts Health Plan will not reimburse chemotherapy administration when billed with an E&M service.
- February 2008: Revised general benefit information with self-service channels information.
- March 2007: New Payment Policy

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that an office/facility did not comply with this payment policy, Tufts Health Plan will expect the office/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan’s [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. 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. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.