

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)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting providers who render oncology services.

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 [portal](#) or by contacting [Provider Services](#).

Drugs Covered Under the Medical Benefit

Tufts Health Plan covers drugs under the medical benefit as outlined below.

Note: Refer to the [Pharmacy](#) section of the Tufts Health Plan website for information on medications covered under the pharmacy benefit.

Commercial Products, Tufts Health Direct, Tufts Health Together, and Tufts Health RITogether

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").

Senior Products and Tufts Health Unify

Tufts Health Plan follows the [Medicare Part B](#) definition for drugs covered under the medical benefit.

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

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For a comprehensive list of services that require prior authorization, refer to the Medical Necessity Guidelines section of the [Resource Center](#).

Oncology Medications

To determine if an oncology medication covered under the medical benefit is subject to Tufts Health Plan's prior authorization program, providers must refer to the appropriate resource by product below and submit the appropriate form as outlined below.

Resource	Form
Commercial Products	Massachusetts: Massachusetts Standard Form for Medication Prior Authorization Requests New Hampshire and Rhode Island: Tufts Health Plan Medication Prior Authorization Request Form
Tufts Medicare Preferred HMO	Request for Medicare Part B Prescription Drug Organization Determination
Senior Care Options	Request for Medicare Part B Prescription Drug Organization Determination
Tufts Health Direct	Massachusetts Standard Form for Medication Prior Authorization Requests
Tufts Health Together	Massachusetts Standard Form for Medication Prior Authorization Requests
Tufts Health RITogether	Tufts Health Plan Medication Prior Authorization Request Form
Tufts Health Unify	Request for Medicare Part B Prescription Drug Organization Determination

Refer to the [Pharmacy](#) section of our website for additional information on prior authorization requirements for oncology medications covered under the pharmacy benefit.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

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.

Submit unlisted 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 [Commercial](#), [Senior Products](#) and [Tufts Health Public Plans](#) for additional information regarding the dispute process.

Chemotherapy Codes

The following chemotherapy codes are accepted by Tufts Health Plan (this list may not be all-inclusive). The absence or presence of a procedure code is not an indication and/or guarantee of coverage and/or payment.

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

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

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

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.

Compensation for chemotherapy administration (96401–96409) 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](#)

[Drugs and Biologicals Payment Policy](#) (Tufts Health Public Plans)

[Imaging Services Professional Payment Policy](#)

[Radiation Oncology Professional Payment Policy](#)

[Therapeutic Radiology Services Payment Policy](#) (Tufts Health Public Plans)

DOCUMENT HISTORY

- September 2020: Reviewed by Committee; added Tufts Health Public Plans content to combine document; clarified medical benefit oncology medications content; removed pharmacy benefit content
- 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

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.