

# Oncology Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Premier
- CareAdvantage Prime
- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to providers who render oncology services to members of the CarePartners of Connecticut plans selected above.

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 policy information outlined in the [Professional Services and Facilities Payment Policy](#).

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

## Policy

CarePartners of Connecticut 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 CarePartners of Connecticut Provider Services at 888-341-1508.

## Drugs Covered Under the Medical Benefit

CarePartners of Connecticut follows the [Medicare Part B](#) definition for drugs covered under the medical benefit.

## Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require 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 more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

No referrals are required for in-network services. Referrals are required for out-of-network services rendered for HMO members.

## Oncology Medications

Refer to [Medical Drugs Requiring Prior Authorization](#) to determine if an oncology medication covered under the medical benefit is subject to CarePartners of Connecticut's prior authorization program.

If an oncology medication requires prior authorization, providers must fax a completed [Request for Medicare Part B Prescription Drug Organization Determination](#) to the number listed on the form. Refer to the Referrals, Prior Authorizations and Notifications chapter of the [CarePartners of Connecticut Provider Manual](#) for more information on the prior authorization process.

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

## Billing Instructions

Unless otherwise stated, CarePartners of Connecticut 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 labs not participating in the member's applicable network(s) 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, CarePartners of Connecticut may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Submit any unlisted procedure code(s) on a paper claim form with supporting documentation detailing the services provided.

## Chemotherapy Codes

The following table includes common chemotherapy codes that are accepted by CarePartners of Connecticut (this list may not be all-inclusive). The absence or presence of a code is not an indication and/or guarantee of coverage and/or payment.

Code	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, nonhormonal antineoplastic
96402	Chemotherapy admin, hormonal antineoplastic
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 contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

### Administration Denials for Drugs and Biologicals

CarePartners of Connecticut 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 reimbursed.

Compensation for chemotherapy administration (96401-96409) is included in the E&M service.

CarePartners of Connecticut does not routinely compensate irrigation of implanted venous access device for drug delivery systems (96523) if billed with intravenous infusion chemotherapy administration (96413, 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

CarePartners of Connecticut applies nonreimbursable logic to certain procedure codes based on CMS guidelines. In addition, procedure codes may be placed on nonreimbursable logic based on CarePartners of Connecticut policy. Refer to the provider's current contract for details regarding nonreimbursable logic.

## Prostate Cancer Screening Tests

CarePartners of Connecticut 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](#)
- [Radiation Oncology Payment Policy](#)

## Document History

- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- September 2020: Reviewed by Committee; removed pharmacy benefit content; clarified medical prior authorization content
- January 2019: Document created

## Audit and Disclaimer Information

CarePartners of Connecticut 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 a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut 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 CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.