

Oncology Payment Policy

Applies to the following CarePartners of Connecticut products:

- 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](#).

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.

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
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
J3490	Unclassified drugs; Bill with NDC number according to the unlisted codes billing instructions (See Additional Resources)
J9999	Not otherwise classified anti-neoplastic drugs; Bill with NDC number according to the unlisted codes billing instructions (See Additional Resources)

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

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](#)
- [Evaluation and Management Professional Payment Policy](#)
- [Home Infusion Payment Policy](#)
- [Imaging Services Payment Policy](#)
- [Inpatient Facility Payment Policy](#)
- [Radiation Oncology Payment Policy](#)
- [Unlisted and Not Otherwise Classified Codes Payment Policy](#)

Document History

- October 2024: annual review; removed industry standards edits; removed coding grid and added revenue codes; added Payment Policies to Additional Resources
- 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.