

Chemotherapy Administration

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<u>Effective Date</u>	10/2019
<u>Next Review Date</u>	5/2024
<u>Coverage Policy</u>	Medical 316
<u>Version</u>	5

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual [*](#).

Purpose:

This policy addresses the medical necessity of - Chemotherapy Administration

Description & Definitions:

Chemotherapy is the use of certain drugs to treat disease, most commonly cancer, as distinct from other forms of treatment, such as surgery.

Medically Necessary services and/or supplies means the use of services or supplies as provided by a Hospital, Skilled Nursing Facility, Physician or other provider which are:

- Required to identify, evaluate or treat the Member's condition, disease, ailment or injury, including pregnancy related conditions; and
- In accordance with recognized standards of care for the Member's condition, disease, ailment or injury; and
- Appropriate with regard to standards of good medical practice; and
- Not solely for the convenience of the Member, or a participating Physician, Hospital, or other health care provider; and
- The most appropriate supply or level of service which can be safely provided to the Member as substantiated by the records and documentation maintained by the provider of the services or supplies.

Criteria:

Chemotherapy, Immunotherapy, and hormonal agent administration are considered medically necessary for **All of the** following:

- The service, drug, or supplies needed for the service, must be prescribed by a physician and be performed by a provider properly licensed or certified to provide the therapy service; and administered as part of a doctor's office, or home healthcare visit, or at an inpatient or outpatient facility
- The service, drug, or supplies needed for the service, must meet SHP's definition of Medically Necessary
- The service, drug, or supplies needed for the service, are not experimental.

Chemotherapy Administration is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- American Hospital Formulary Service Drug Information;
- Elsevier Gold Standard's Clinical Pharmacology.
- National Comprehensive Cancer Network's Drugs & Biologics Compendium;

Chemotherapy Administration is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

Experimental/Investigational: a drug, device, medical treatment or procedure may be considered Experimental/Investigational if:

- The majority of the medical community does not support the use of the drug, device, medical treatment or procedure; or
- The use of this drug, device, medical treatment or procedure may have been shown to be unsafe and/or of no or questionable use as reported by current scientific literature and/or regulatory agencies; or
- The research regarding this drug, device, medical treatment or procedure may be so limited that an evaluation of safety and efficacy cannot be made; or
- The drug or device is not approved for marketing by the Food and Drug Administration (FDA); or
- The drug, device, or medical treatment is approved as Category B Non-Experimental/Investigational by the FDA

Coding:

Medically necessary with criteria:

Coding	Description
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	Chemotherapy administration; intralesional, up to and including 7 lesions
96406	Chemotherapy administration; intralesional, more than 7 lesions
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96420	Chemotherapy administration, intra-arterial; push technique

96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549	Unlisted chemotherapy procedure

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

Reviewed Dates:

- 2024: February
- 2023: May
- 2022: May
- 2021: May
- 2020: July

Effective Date:

- October 2019

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

2016 Updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards, Including Standards for Pediatric Oncology. (2022). Retrieved Apr 18, 2023, from American

Society of Clinical Oncology (ASCO): <https://old-prod.asco.org/practice-patients/cancer-care-standards/chemotherapy-safety-standards>

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Local Coverage Article Billing and Coding Billing and Coding: Chemotherapy A56141. (2020, Nov 19). Retrieved Apr 18, 2023, from LCD CMS: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56141&ver=39&keyword=Chemotherapy&keywordType=all&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE OTHER TYPES OF CARE. (2017). Retrieved Apr 18, 2023, from Virginia Department of Medical Assistance Services (DMAS): <https://www.dmas.virginia.gov/media/3380/419b-payment-rates-other-types-of-care-general.pdf>

National Coverage Determination (NCD) Anti-Cancer Chemotherapy for Colorectal Cancer 110.17. (2005). Retrieved Apr 18, 2023, from Centers for Medicare & Medicaid Services NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=291&ncdver=1&keyword=Chemotherapy&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

NCCN Chemotherapy Order Templates (NCCN Templates). (2023). Retrieved Apr 18, 2023, from National Comprehensive Cancer Network (NCCN): <https://www.nccn.org/compendia-templates/nccn-templates-main/browse-by-cancer-type>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

SHP Chemotherapy Administration, SHP Medical316, cancer