

Chemotherapy Administration, Medical 316

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<u>Coverage Policy</u>	Medical 316
<u>Version</u>	5

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details *.

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: May – no changes references updated
- 2023: May
- 2022: May
- 2021: May
- 2020: July

Effective Date:

- October 2019

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are

covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Chemotherapy Administration, SHP Medical316, cancer