

Sentara Health Plans Oncology Program

S-code Enhanced Reimbursement FAQs

Sentara Health Plans Commercial Membership

What is the S-code enhanced reimbursement?

Carelon Medical Benefits Management Cancer Treatment Pathways support high-quality, high-value cancer treatment. By choosing designated Carelon Cancer Treatment Pathway regimens when clinically appropriate, your practice may be eligible for enhanced reimbursement. In-network providers in Virginia may be eligible to receive enhanced reimbursement.

Am I eligible for enhanced reimbursement?

Only the ordering provider can bill S-codes to the health plan and receive the enhanced reimbursement. S-codes should be submitted via professional claims. S-codes submitted on a facility claim are not eligible at this time. If S-codes are not submitted on your claim to Sentara Health Plans, you will not receive the enhanced reimbursement. Your Sentara Health Plans reimbursement arrangements are outlined in the specific program Compensation Exhibits of your Sentara Health Plans Provider Agreement.

The Carelon **ProviderPortal_{SM}** will display S-codes on the order summary page (we recommend to save the summary page) for ordering providers with instructions for billing S-codes to Sentara Health Plans. When processing an order request by phone, S-code information will be provided verbally. No letters about S-code eligibility will be sent. Closed cases will be viewable under the View My Orders tab for 90 days, and under the Check Order Status tab.

How will I be notified if I'm eligible for enhanced reimbursement?

If processing an order request through **ProviderPortal**, review the order summary page for S-codes, and instructions for S-code billing. If processing an order request by phone, you will be provided S-code information verbally. A copy of the summary page can be accessed in **ProviderPortal** whether you initiate the order request online or by phone. It is recommended that you save the summary page for your practice's records. No letters about S-code eligibility will be sent to your practice.

Simply submit your claim including the applicable S-code. If you don't bill using the S-code, you will not receive the enhanced reimbursement. Your Sentara Health Plans reimbursement arrangements are outlined in the specific program Compensation Exhibits of your Sentara Health Plans Provider Agreement

How often can S-codes be billed?

S0353 can only be reimbursed once per patient, at the onset of treatment, unless this treatment is changed and a new cancer treatment Pathway is ordered.

Thirty (30) days after onset of treatment, S0354 can be reimbursed for each subsequent treatment, up to the maximum number of months as specified in the order summary.

S0354 cannot be reimbursed within 30 days of being reimbursed for S0353. S0354 will be reimbursed no more than monthly (30 days). Any treatment that is extended beyond the maximum number of months on the order summary requires a new order request. S0354 reimbursement is only applicable if the patient continues to be treated with the Pathway for which the S0354 was awarded. Any changes in treatment require a new order request to be submitted to Carelon via the **ProviderPortal** or via the phone. It is recommended that the practice saves the approved order summary to the patient medical record.

Order summaries can be found in the **ProviderPortal**. S0354 is approved for a period of up to eleven (11) months, as specified when the code is issued.

How quickly will the enhanced reimbursements be paid?

Reimbursement follows standard Sentara Health Plans claims processing time frames.