

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 90.0 Chemotherapy Administration	DEPARTMENT: Health Care Services	
ORIGINAL EFFECTIVE DATE: 07/13	DATE(S) REVIEWED/REVISED: 07/13, 01/14, 01/15, 01/16, 06/16, 08/16, 10/17, 01/18, 02/18, 03/18, 05/18, 01/19, 01/20, 07/20, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 90.0	PAGE: 1 of 4

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Health Plan Providers
All Lines of Business

POLICY:

Company follows Current Procedural Terminology (CPT) and Centers for Medicare and Medicaid Services (CMS) guidelines for use of chemotherapy administration codes. The CPT book contains the following information and direction for use of CPT codes for chemotherapy administration: “Chemotherapy Administration codes 96401-96549 apply to parenteral administration of non-radionuclide anti-neoplastic drugs; and also to anti-neoplastic agents provided for treatment of non-cancer diagnoses (e.g. cyclophosphamide for auto-immune conditions) or to substances such as certain monoclonal antibody agents, and other biologic response modifiers. The highly complex infusion of chemotherapy or other drug or biologic agents requires physician or other qualified health care professional work and/or clinical staff monitoring well beyond that of therapeutic drug agents (96360-96379) because the incidence of severe adverse patient reactions are typically greater. These services can be provided by any physician or other qualified health care professional. Chemotherapy services are typically highly complex and require direct supervision for any or all purposes of patient assessment, provision of consent, safety oversight, and intraservice supervision of staff. Typically, such chemotherapy services require advanced practice training and competency for staff who provide these services; special considerations for preparation, dosage, or disposal; and commonly, these services entail significant patient risk and frequent monitoring. Examples are frequent changes in the infusion rate, prolonged presence of the nurse administering the solution for patient monitoring and infusion adjustments, and frequent conferring with the physician or other qualified health care professional about these issues. When performed to facilitate the infusion of injection, preparation of chemotherapy agent(s), highly complex agent(s), or other highly complex drugs is included and is not reported separately. To report infusions that do not require this level of complexity, see 96360-96379. Codes 96401-96402, 96409-96425, 96521-96523 are not intended to be reported by the individual physician or other qualified health care professional in the facility setting.”

“The term ‘chemotherapy’ in 96401-96549 includes other highly complex drugs or highly complex biologic agents.”

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 90.0 Chemotherapy Administration	DEPARTMENT: Health Care Services	
ORIGINAL EFFECTIVE DATE: 07/13	DATE(S) REVIEWED/REVISED: 07/13, 01/14, 01/15, 01/16, 06/16, 08/16, 10/17, 01/18, 02/18, 03/18, 05/18, 01/19, 01/20, 07/20, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 90.0	PAGE: 2 of 4

PROCEDURE:

Company allows chemotherapy administration codes to be used only for parenteral administration of non-GnRH drugs/compounds listed in the current HCPCS section "CHEMOTHERAPY DRUGS J9000-J9999," as well as the drugs listed in this policy.

GENERIC NAME	TRADE NAME	HCPCS CODE
alemtuzumab 1 mg	Lemtrada™	J0202
axicabtagene ciloleucel	Yescarta™	Q2041 **ADMINISTRATION CODE 0540T ONLY, MEDICAL POLICY EXCEPTION MAY APPLY
bevacizumab-awwb, 10 mg	MVASI™	Q5107
bevacizumab-bvzr, 10 mg	Zirabev™	Q5118
cemiplimab-rwlc	Libtayo®	FDA approved 09/28/2018. J9999 (OPPS: C9044 effective 04/01/2019-09/30/2019) then J9119 effective 10/01/2019 for all providers and facilities.
daratumumab and hyaluronidase-fihj	Darzalex FasPro	FDA approved 5/1/2020. J9999 (OPPS C9399) ** ADMINISTRATION CODE 96401 ONLY
doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Lipodox 50	Q2049
doxorubicin hydrochloride, liposomal, NOS	Doxil	Q2050
enfortumab vedotin ejfv	Padcev	FDA approved 12/18/2019. J9999 (OPPS: C9399) until 6/30/2020. Effective 7/1/2020 use J9177 for all providers and facilities.
fam-trastuzumab deruxtecan-nxki	Enhertu	FDA approved 12/18/2019. J9999 (OPPS: C9399) until 6/30/2020. Effective 7/1/2020 use J9358 for all providers and facilities.
gemcitabine hydrochloride	Influgem	J9199 effective 01/01/2020-06/30/2020, then J9198 effective 7/2/2020 for all providers and facilities.
infliximab, 10 mg	Remicade	J1745
infliximab-abda, biosimilar 10 mg	Renflexis	Q5104

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 90.0 Chemotherapy Administration	DEPARTMENT: Health Care Services	
ORIGINAL EFFECTIVE DATE: 07/13	DATE(S) REVIEWED/REVISED: 07/13, 01/14, 01/15, 01/16, 06/16, 08/16, 10/17, 01/18, 02/18, 03/18, 05/18, 01/19, 01/20, 07/20, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 90.0	PAGE: 3 of 4

infliximab-axxq, biosimilar	Asola	FDA approved 12/06/2019. J9999 (OPPS: C9399) until 6/30/2020. Effective 7/1/2020 use Q5121 for all providers and facilities.
infliximab-dyyb, biosimilar 10 mg	Inflectra	Q5103
infliximab-qbtx	Ixifi	Q5109
leucovorin calcium		J0640
levoleucovorin	Khapzory™	J0642
ocrelizumab	Ocrevus™	J2350
polatuzumab vedotin - piiq	Polivy	FDA approved 6/1/2019. J9999 (OPPS: C9399) until 12/31/2019. Effective 1/1/2020 use J9309 for all providers and facilities.
rasburicase	Elitek®	J2783
rituximab-pvvr	Ruxience	FDA approved 1/1/2020. J9999 (OPPS: C9399) until 6/30/2020. Effective 7/1/2020 use Q5119 for all providers and facilities.
rituximab-abbs, biosimilar	Truxima	Q5115
sargramostim	Leukine®	J2820
teniposide, 50mg	Vumon®	Q2017
tisagenlecleucel	Kymriah®	Q2042 (OPPS only under a Risk Evaluation and Mitigation Strategy (REMS) called the KYMRIAH REMS) **ADMINISTRATION CODE 0540T ONLY, MEDICAL POLICY EXCEPTION MAY APPLY
trastuzumab-anns, 10 mg	Kanjinti™	Q5117
trastuzumab-dttb, biosimilar	Ontruzant®	Q5112
trastuzumab-pkrb, biosimilar	Herzuma®	Q5113
trastuzumab-dkst, biosimilar	Ogivri™	Q5114
Trastuzumab-qyyp, biosimilar	Trazimera	Q5116

The intralesional administration of talimogene laherparepvec (Imlygic™) should be billed using HCPCS code J9325 with 96405 or 96406, as appropriate.

When gonadotropin releasing hormone (GnRH) and analogs (including, but not limited to, J3315 and J9217) are used in the **treatment of cancer**, the drugs may be billed only with 96402.

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 90.0 Chemotherapy Administration	DEPARTMENT: Health Care Services	
ORIGINAL EFFECTIVE DATE: 07/13	DATE(S) REVIEWED/REVISED: 07/13, 01/14, 01/15, 01/16, 06/16, 08/16, 10/17, 01/18, 02/18, 03/18, 05/18, 01/19, 01/20, 07/20, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 90.0	PAGE: 4 of 4

When non-hormonal anti-neoplastic agents [including but not limited to J2820-sargramostim (Leukine)] are used as a subcutaneous or intramuscular injection in the treatment of cancer, the drugs must be billed with 96401.

For administration of drugs (other than vaccines) that are not covered by this policy, CPT codes for “Therapeutic, Prophylactic, and Diagnostic Injections and Infusions” (codes 96365-96379) may be reported. For administration of vaccines, codes 90460-90474 may be reported. (See also Payment Policy 34.0, “Administration of Immunizations and Injections.”)

REFERENCE:

Noridian Policy for Chemotherapy Administration
American Medical Association (CPT Book)