

# Pharmacy Reimbursement Policy

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## Billing and Coding: Chemotherapy and Complex Drug Administration Coding Policy

PHARMACY REIMBURSEMENT POLICY NUMBER: ORPTCPRM152.1024

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**Original Effective Date:** 1/1/2025

**Effective Date:** 1/1/2025

**Last Review Date:** 10/2024

**Next Annual Review:** 10/2025

**Approved By:** Oregon Region Pharmacy and Therapeutics Committee

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**INSTRUCTIONS FOR USE:** Company reimbursement policies serve as guidance for the administration of plan benefits. Reimbursement policies do not constitute medical advice nor a guarantee of coverage. Company reimbursement policies are reviewed annually. The Companies reserve the right to determine the application of reimbursement policies and make revisions to reimbursement policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Reimbursement Policy will be resolved in favor of the coverage agreement.

## SCOPE AND APPLICATION

### Provider Type:

- Professional Claims
- DMEPOS Suppliers
- All health care services billed on CMS 1500 forms
- All health care services billed on CMS 1500 forms, and when specified to those billed on UB04 forms
- Facilities
- All health care services billed on UB04 forms (CMS 1450)

Plan participating and contracted facilities reimbursed on any of the following payment methodologies:

- DRG
- Modified DRG
- Percentage of billed charges/per diem (applies only to unplanned readmissions)

### Plan Product:

- Commercial
- Medicare
- Medicaid/Oregon Health Plan (OHP)

## POLICY STATEMENT

- I. Chemotherapy administration codes (96401-96459) should be reported with codes listed in HCPCS section J9000-J9999 (Injectable Chemotherapy Drugs) and other drugs listed in this policy according to guidelines set forth in the CPT manual and Medicare Claims Processing Manual, Chapter 12, §30.5, D. Chemotherapy Administration.
  - a. Refer to [Table 1](#) for a list of chemotherapy administration codes.
  - b. Refer to [Table 2](#) for a list drugs/codes in addition to HCPCS codes J9000-J9999, that may be reported with a chemotherapy administration code in Table 1.
- II. Therapeutic, Prophylactic, and Diagnostic Injections and Infusions administration codes (96365-96379) should be reported with diagnostic injections and infusions of non-chemotherapeutic drugs (i.e., leucovorin, antiemetics, growth factors, antibiotics, etc.). For administration of vaccines, codes 90460-90474 may be reported (See also Coding Policy 34.0, "Administration of Immunizations and Injections." ).
  - a. Refer to [Table 3](#) for a list of Therapeutic, Prophylactic, and Diagnostic Injections and Infusions administration codes.
  - b. Refer to [Table 4](#) for examples of drugs that must be reported with administration codes in Table 3.

**SCOPE:** Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as "Company" and collectively as "Companies").

## POLICY GUIDELINES

### DEFINITIONS/ACRONYMS

Acronym or Abbreviation	Definition
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
HCPCS	Healthcare Common Procedure Coding System

### BACKGROUND

This policy provides coding and billing information for chemotherapy and other therapeutic, prophylactic, diagnostic, injection and infusion services.

Health care providers (i.e., facilities, physicians, and other qualified health care professionals) are expected to exercise independent medical judgement in providing care to members. This policy is not intended to impact care decisions or medical practice. Providers are responsible for accurately, completely, and legibly documenting services performed. Appropriate coding is the key to minimizing delays in claims processing.

The Companies follow the American Medical Association CPT code set and 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. 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.”

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

The Medicare Claims Processing Manual, Chapter 12 – Physicians/Nonphysician Practitioners states in Section 30- Correct Coding Policy; subsection 30.5 Payment for Chemotherapy Administration and Nonchemotherapy Injections and Infusions:

“D. Chemotherapy Administration

Chemotherapy administration codes apply to parenteral administration of non-radionuclide anti-neoplastic drugs; and also to anti-neoplastic agents provided for treatment of noncancer diagnoses (e.g., cyclophosphamide for auto-immune conditions) or to substances such as monoclonal antibody agents, and other biologic response modifiers. The following drugs are commonly considered to fall under the category of monoclonal antibodies: infliximab, rituximab, alemtuzumb, gemtuzumab, and trastuzumab. Drugs commonly considered to fall under the category of hormonal antineoplastics include leuprolide acetate and goserelin acetate. The drugs cited are not intended to be a complete list of drugs that may be administered using the chemotherapy administration codes. A/B MACs (B) may provide additional guidance as to which drugs may be considered to be chemotherapy drugs under Medicare. The administration of anti-anemia drugs and anti-emetic drugs by injection or infusion for cancer patients is not considered chemotherapy administration.”

**CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)**

The following Centers for Medicare & Medicaid (CMS) guidance was identified which addresses billing and reimbursement practices for the healthcare administration of medications:

**Internet-Only Manuals (IOMs):**

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*,
  - Chapter 15, Sections 50 Drugs and Biologicals
    - 50.3 Incident-to Requirements
    - 60.1 Incident-to Physician’s Professional Services
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*,
  - Chapter 12, Section 30.5 Payment for Codes for Chemotherapy Administration and Nonchemotherapy Injections and Infusions, and
  - Chapter 17, Section 40 Discarded Drugs and Biologicals

**BILLING AND CODING GUIDELINES**

**Table 1:** Chemotherapy Administration Codes to be reported with drugs included on Table 2.

Code	Description
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal antineoplastic
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal antineoplastic
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

<b>96411</b>	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
<b>96413</b>	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
<b>96415</b>	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
<b>96416</b>	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
<b>96417</b>	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
<b>96420</b>	Chemotherapy administration, intra-arterial; push technique
<b>96422</b>	Chemotherapy administration; intra-arterial; infusion technique, up to 1 hour
<b>96423</b>	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
<b>96425</b>	Chemotherapy administration, intra-arterial, infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
<b>96440</b>	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
<b>96446</b>	Chemotherapy administration into the peritoneal cavity via implanted port or catheter
<b>96450</b>	Chemotherapy administration, into CNS (e.g., intrathecal), requiring and including spinal puncture

**Table 2:** In addition to chemotherapy drug codes (J9000 – J9999), the drugs listed below should be reported with Chemotherapy Administration codes (Table 1).

<b>Non-radionuclide anti-neoplastic drugs and anti-neoplastic agents for the treatment for noncancer diagnoses, monoclonal antibody agents and other biologic response modifiers</b>		
<b>Generic Name</b>	<b>Trade Name</b>	<b>HCPCS Code</b>
alemtuzumab 1 mg	Lemtrada™	J0202
bevacizumab-awwb, 10 mg	MVASI™	Q5107
bevacizumab-bvzr, 10 mg	Zirabev™	Q5118
doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Lipodox®50	Q2049
doxorubicin hydrochloride, liposomal, NOS	Doxil®	Q2050
infliximab, 10 mg	Remicade®	J1745
infliximab-abda, biosimilar 10 mg	Renflexis®	Q5104
infliximab-axxq, biosimilar	Asola®	Q5121
infliximab-dyyb, biosimilar 10 mg	Inflectra®	Q5103
infliximab-qbtx	Ixifi®	Q5109
leuprolide acetate	Lupron®	J1950*
levoleucovorin	Khapzory™	J0642
ocrelizumab	Ocrevus™	J2350

rituximab-pwvr	Ruxience	Q5119
rituximab-abbs, biosimilar	Truxima	Q5115
teniposide, 50mg	Vumon®	Q2017
tezepelumab-ekko	Tezspire®	J2356
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

\* When hormonal anti-neoplastic agents [including but not limited to J1950-leuprolide (Lupron)] are used as a subcutaneous or intramuscular injection in the treatment of cancer, the drug code may be reported with a chemotherapy administration code.

The drugs and HCPCS codes cited in Table 1 is not intended to be a complete list of drugs that may be administered using the chemotherapy administration codes 96401-96549. This may be updated monthly as new therapies enter the market or quarterly as new HCPCS codes are published by CMS.

**Table 3:** Therapeutic, Prophylactic, and Diagnostic Injections and Infusions Administration Codes

Code	Description
<b>96365</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
<b>96366</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
<b>96367</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
<b>96368</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
<b>96369</b>	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
<b>96370</b>	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
<b>96371</b>	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
<b>96372</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
<b>96373</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
<b>96374</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug

<b>96375</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
<b>96376</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
<b>96377</b>	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection
<b>96379</b>	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion

**Table 4:** The drugs listed should not be billed using a chemotherapy administration code, instead these drugs should be reported with the appropriate Therapeutic, Prophylactic, and Diagnostic Injections and Infusions Administration Code (Table 3).

*This list, while not exhaustive, displays drugs that have often been incorrectly reported with a chemotherapy administration code. This list will be updated periodically to note commonly reported coding/billing errors.*

Infusions Non-Chemotherapy		
Generic Name	Trade Name	HCPCS Code
abatacept*	Orencia®*	J0129*
belatacept	Nulojix®	J0485
bezlotoxumab	Zinplava™	J0565
decitabine	Dacogen	J0893, J0894
edaravone	Radicava®	J1301
filgrastim (g-csf) excludes biosimilars*	Neupogen®*	J1442*
filgrastim-sndz, biosimilar*	Zarxio®*	Q5101*
filgrastim-aafi*	Nivestym®*	Q5110*
golimumab	Simponi Aria®	J1602
natalizumab	Tysabri®	J2323
octreotide acetate non-depot*	Sandostatin®*	J2354*
omalizumab*	Xolair®*	J2357*
rasburicase	Elitek®	J2783
sargramostim	Leukine®	J2820
vedolizumab	Entyvio®	J3380

\*Providers are required to append the drug code with the appropriate JA or the JB modifier to report route of administration: intravenous (IV), intramuscular (IM) or subcutaneous (SQ).

## CROSS REFERENCES

- Company Coding Policy 34 – Administration of Immunizations and Injections, [https://www.providencehealthplan.com/-/media/providence/website/pdfs/providers/medical-policy-and-provider-information/billing-payment-and-coding-policies/php\\_coding\\_34.pdf](https://www.providencehealthplan.com/-/media/providence/website/pdfs/providers/medical-policy-and-provider-information/billing-payment-and-coding-policies/php_coding_34.pdf)

- Company Pharmacy Reimbursement Policy 150 – Medical Drug Reimbursement: Outpatient and Inpatient, <https://www.providencehealthplan.com/-/media/providence/website/pdfs/providers/medical-policy-and-provider-information/reimbursement-policies/medical-drug-reimbursement-policy.pdf>

The full Company portfolio of current Coding and Reimbursement Policies is available online and can be [accessed here](#).

## REFERENCES

1. American Medical Association. Current Procedural Terminology (CPT) code set
2. Providence Health Plan Clinical Coding Edits
3. Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual, Chapter 12—Physicians/Nonphysician Practitioners, §30.5 Payment for Codes for Chemotherapy Administration and Nonchemotherapy Injections and Infusions. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>. Accessed August 21, 2024
4. Genentech. for Xolair®, Omalizumab for subcutaneous use, Sample coding. Accessed August 22, 2024. <https://www.genentechaccess.com/content/dam/gene/accesssolutions/pdfs/coding/XOLAIR-Billing-Codingfor-Moderate-to-Severe-Persistent-Allergic-Asthma.pdf>

## POLICY REVISION HISTORY

Date	Revision Summary
8/21/2024	New Pharmacy Reimbursement Policy replacing retired PHP Coding Policy 90.0 Chemotherapy Administration