

Coding Policy **RETIRED 12/31/2024. SEE PHARMACY POLICY.**

Chemotherapy Administration

CODING POLICY NUMBER: 90

Effective Date: 1/1/2024

Last Review Date: 1/2024

Next Annual Review: Retired 12/31/2024. See Pharmacy policy.

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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”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers Non-Participating Practitioners
 Commercial Medicaid/Oregon Health Plan Medicare

POLICY STATEMENT

- I. 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.”

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

PROCEDURE

GENERAL

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.

Table 1: Chemotherapy Names and Associated HCPCS Codes

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

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
leucovorin calcium		J0640
levoleucovorin	Khapzory™	J0642
ocrelizumab	Ocrevus™	J2350
rasburicase	Elitek®	J2783
rituximab-pvvr	Ruxience	Q5119
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 KYMRIAHS 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

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.”)

REFERENCES

1. Noridian Policy for Chemotherapy Administration
2. Current Procedural Terminology (CPT)

POLICY REVISION HISTORY

Date	Revision Summary
7/2013	Original policy effective date.
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. Updated coding information. No drugs added or removed from policy.

RETIRED