

**SENTARA HEALTH PLANS, INC.**

**CLINICAL CARE SERVICES**

**Effective Date:** 10/1/2019

**Review Date:**

**Revised Date:**

**Guideline Title:** SHP Chemotherapy Administration

**ORG/OTC Code:** SHP Medical 316

**Coverage:**

**Clinical Indications for Procedure:**

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; and
- The service, drug, or supplies needed for the service, must meet SHP's definition of Medically Necessary; and
- The service, drug, or supplies needed for the service, are not experimental.

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:

1. Required to identify, evaluate or treat the Member's condition, disease, ailment or injury, including pregnancy related conditions; and
2. In accordance with recognized standards of care for the Member's condition, disease, ailment or injury; and
3. Appropriate with regard to standards of good medical practice; and
4. Not solely for the convenience of the Member, or a participating Physician, Hospital, or other health care provider; and
5. 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.

**EXPERIMENTAL/INVESTIGATIONAL:** A drug, device, medical treatment or procedure may be considered Experimental/Investigational if:

1. The majority of the medical community does not support the use of this drug, device, medical treatment or procedure; or
2. 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
3. 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
4. The drug or device is not approved for marketing by the Food and Drug Administration (FDA); or
5. The drug, device, or medical treatment is approved as Category B Non-Experimental/ Investigational by the FDA

Except as set forth below for membership covered under the state mandate language, for purposes of this policy, a drug is considered to be medically necessary and not experimental if the following criteria are met:

1. The agent(s) in the regimen is (are) approved by the FDA for use in humans; **and**
2. The treatment regimen is being prescribed to treat an individual with cancer for whom treatment is medically appropriate; **and**
3. The treatment is supported by one or more of the following for the specific clinical situation under review (e.g. stage of disease, prior treatment, performance status, comorbid conditions, or absence of contraindications):
  - a. FDA label, in accordance with the specific indication.
  - b. Accepted off-label used based on Category 1 or 2A designation found in the most recent edition of the National Comprehensive Cancer Network® (NCCN®) Drugs & Biologics Compendium (NCCN Compendium®) or NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)
4. The individual has not experienced disease progression or unacceptable toxicity on the same agent/treatment or during treatment with another drug from the same drug class in a prior line of therapy UNLESS there is literature support for use beyond progression in a different combination.

For fully insured commercial membership and Medicaid membership, in addition to the language above, benefits will not be denied for any drug prescribed, on an inpatient or outpatient basis, to treat a covered indication so as long as the drug has been approved by the United States Food and Drug Administration for at least one indication and the drug is recognized for treatment of the covered indication in one of the standard reference compendia or in substantially accepted peer-reviewed medical literature.

Standard reference compendia are the following:

- a. American Hospital Formulary Service Drug Information;
- b. National Comprehensive Cancer Network's Drugs & Biologics Compendium; or
- c. Elsevier Gold Standard's Clinical Pharmacology.

### **Application to Products:**

Policy is applicable to all products.

### **Authorization Requirements:**

Pre-certification by the Plan is required.

### **Exceptions and Limitations:**

See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

The Plan will not exclude coverage for any prescription drug solely on the basis of the length of time since the drug obtained FDA approval.

### **References:**

**References used include but are not limited to the following:**

**Hayes Summary:** No results found <sup>(3)</sup>.

**Milliman Summary:** Recommendation guidelines for admission or observation care <sup>(5)</sup>.

**DynaMed Plus Summary:** Recommendations for chemotherapy drugs for certain cancers but no general recommendations for administration <sup>(4)</sup>.

**UpToDate:** To reduce extravasation in peripheral infusions of chemotherapy, the vein used needs to be large with good blood return before starting infusion. If using a central line, tip placement needs to be verified by X-ray, placement and good blood return <sup>(10)</sup>.

**LCD/NCD Summary:** There is a Local Coverage Article of chemotherapy drug administration coding <sup>(7)</sup>. LCD 37205 Chemotherapy and their adjuncts states to refer to NCCN for recommended use <sup>(8)</sup>. There is no NCD for general chemotherapy administration.

**NCCN Summary:** Has a library of chemotherapy order templates. This has links to the clinical practice guidelines in Oncology and also provides special instructions for self-administered chemotherapeutic agents <sup>(9)</sup>.

**Special Association Summary:** Guidelines and recommendations available from American Society of Clinical Oncology and Oncology Nursing Society <sup>(1)</sup>.

**Literature Review Summary:** Some safe handling precautions during IV chemotherapy administration include working below eye level, use syringes and IV tubing with Luer-Lok connectors, and use a closed-system transfer device during drug transfer. In addition, keep approved prepackaged spill kit wherever chemotherapy or hazardous drugs are being administered <sup>(6)</sup>.

### **References:**

1. 2016 Updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards, Including Standards for Pediatric Oncology. (2017). Retrieved Jun 04, 2019, from American Society of Clinical Oncology: <https://onf.ons.org/onf/44/1/2016-updated-american-society-clinical-oncologyoncology-nursing-society-chemotherapy>
2. (2019). Retrieved Jun 04, 2019, from EncoderPro: [https://www.encoderpro.com/eepro/baseSearchHandler.do?mainsearchtype=code&searchContextOption=49167&searchTerms=CHEMOTHERAPY&\\_a=search&forwardURL=%2F&btn\\_search.x=0&btn\\_search.y=0](https://www.encoderpro.com/eepro/baseSearchHandler.do?mainsearchtype=code&searchContextOption=49167&searchTerms=CHEMOTHERAPY&_a=search&forwardURL=%2F&btn_search.x=0&btn_search.y=0)
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4. (2019). Retrieved Jun 04, 2019, from DynaMed: <http://www.dynamed.com/resultlist?q=chemotherapy+administration&filter=all>
5. Chemotherapy RRG. (2019, Feb 11). Retrieved Jun 04, 2019, from MCG: <https://careweb.careguidelines.com/ed23/index.html>
6. IV Chemotherapy Administration and Disposal. (2018, Mar 16). Retrieved Jun 04, 2019, from CINAHL: <http://eds.b.ebscohost.com/eds/pdfviewer/pdfviewer?vid=0&sid=19e5f4ac-e6dd-4459-9e62-e1a2368a13db%40pdc-v-sessmgr03>
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8. LCD: Chemotherapy Drugs and Their Adjuncts. (2018, Jul 08). Retrieved Jun 04, 2019, from Centers for Medicare & Medicaid Services: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37205&ver=5&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=53&Keyword=Chemotherapy&KeywordLook>
9. NCCN Guidelines and Clinical Resources. (2019). Retrieved Jun 04, 2019, from National Comprehensive Cancer Network: <https://www.nccn.org/professionals/OrderTemplates/Default.aspx>
10. Payne, A., & Buter, J. (2018, Sep 18). Extravasation injury from chemotherapy and other non-antineoplastic vesicants. Retrieved Jun 04, 2019, from UpToDate: [https://www.uptodate.com/contents/extravasation-injury-from-chemotherapy-and-other-non-antineoplastic-vesicants?search=Chemotherapy%20administration&source=search\\_result&selectedTitle=11~150&usage\\_type=default&display\\_rank=11](https://www.uptodate.com/contents/extravasation-injury-from-chemotherapy-and-other-non-antineoplastic-vesicants?search=Chemotherapy%20administration&source=search_result&selectedTitle=11~150&usage_type=default&display_rank=11)

### **Hyperlink to references:**

1. <https://onf.ons.org/onf/44/1/2016-updated-american-society-clinical-oncologyoncology-nursing-society-chemotherapy>
2. 1. [https://www.encoderpro.com/epro/baseSearchHandler.do?mainsearchtype=code&searchContextOption=49167&searchTerms=CHEMOTHERAPY& a=search&forwardURL=%2F&btn\\_search.x=0&btn\\_search.y=0](https://www.encoderpro.com/epro/baseSearchHandler.do?mainsearchtype=code&searchContextOption=49167&searchTerms=CHEMOTHERAPY& a=search&forwardURL=%2F&btn_search.x=0&btn_search.y=0)
3. 2. [https://www.hayesinc.com/subscribers/articleList.do?query=chemotherapy+administration+&keyword\\_type=all&status=all&tf from date=&tf to date=](https://www.hayesinc.com/subscribers/articleList.do?query=chemotherapy+administration+&keyword_type=all&status=all&tf from date=&tf to date=)
4. 9. <http://www.dynamed.com/resultlist?q=chemotherapy+administration&filter=all>
5. 8. <https://careweb.careguidelines.com/ed23/index.html>
6. 10. <http://eds.b.ebscohost.com/eds/pdfviewer/pdfviewer?vid=0&sid=19e5f4ac-e6dd-4459-9e62-e1a2368a13db%40pdc-v-sessmgr03>
7. 4. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=54176&ver=32&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=53&Keyword=Chemotherapy+Administration&KeywordLookup=Doc&KeywordSearchType=Exact&kq=true&bc=IAAACAAAAAA&>
8. 5. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37205&ver=5&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=53&Keyword=Chemotherapy&KeywordLookup=Doc&KeywordSearchType=Exact&kq=true&bc=IAAACAAAAAA&>
9. 6. <https://www.nccn.org/professionals/OrderTemplates/Default.aspx>
10. 3. [https://www.uptodate.com/contents/extravasation-injury-from-chemotherapy-and-other-non-antineoplastic-vesicants?search=Chemotherapy%20administration&source=search\\_result&selectedTitle=11~150&usage\\_type=default&display\\_rank=11](https://www.uptodate.com/contents/extravasation-injury-from-chemotherapy-and-other-non-antineoplastic-vesicants?search=Chemotherapy%20administration&source=search_result&selectedTitle=11~150&usage_type=default&display_rank=11)

### **Document History:**

Revised Dates:

Reviewed Dates:

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**Coding Information:**

CPT/HCPCS codes covered if policy criteria is met:

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

**Hayes Summary:** No results found <sup>(3)</sup>.

**Milliman Summary:** Recommendation guidelines for admission or observation care <sup>(5)</sup>.

**DynaMed Plus Summary:** Recommendations for chemotherapy drugs for certain cancers but no general  
recommendations for administration <sup>(4)</sup>.

