

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12397	Date: December 7, 2023
	Change Request 13468

SUBJECT: Payment of Codes for Chemotherapy Administration and Nonchemotherapy Injections and Infusions

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide clarification to the A/B MACs regarding the Medicare guidance/policy as described in Chapter 12, section 30.5 of the Medicare Claims Processing Manual that relates to the complex administration of CPT codes 96401-96549.

EFFECTIVE DATE: December 21, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: December 21, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12397	Date: December 6, 2023	Change Request: 13468
-------------	--------------------	------------------------	-----------------------

SUBJECT: Payment of Codes for Chemotherapy Administration and Nonchemotherapy Injections and Infusions

EFFECTIVE DATE: December 21, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: December 21, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this change request (CR) is to provide clarification to the A/B MACs regarding the Medicare guidance/policy as described in Chapter 12, section 30.5 of the Medicare Claims Processing Manual that relates to the complex administration of CPT codes 96401-96549. As stated in Section 30.5.D of Chapter 12 of the Medicare Claims Processing Manual, “Chemotherapy administration codes [CPT codes 96401-96549] 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 manual provides examples (but not an exhaustive list) of monoclonal antibody drugs.

B. Policy: The A/B MACs shall not make claim adjustments or edits to claims for CPT codes 96401-96549 based solely on the specific drug or agent being administered. Claims for CPT codes 96401-96549 that involve administration of monoclonal, complex biological, and rheumatological therapies, shall be paid as complex administration, so long as all elements of these codes that are required for appropriate billing are met, using Medicare guidance/policy (such as described in Chapter 12, section 30.5 of the Medicare Claims Processing Manual). We intend to provide further clarification regarding this policy with future rulemaking.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13468.1	Contractors shall not make claim adjustments or edits to claims for CPT codes 96401-96549 based solely on the specific drug or agent being administered. Claims for CPT codes 96401-96549 that involve administration of monoclonal, complex biological, and rheumatological therapies, shall be paid as complex administration, so long as all elements of these codes that are required for appropriate billing are met,	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	using Medicare guidance/policy (such as described in Chapter 12, section 30.5 of the Medicare Claims Processing Manual).									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13468.2	CR as Provider Education: Contractors shall post this entire instruction, or a direct link to this instruction, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the entire instruction must be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement it with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
--------------------------	--

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0