



S-code reimbursement

(for cancer care coordination)

Quality Care Cancer Program: Care coordination

Blue Cross Blue Shield of Massachusetts' Quality Care Cancer Program helps us make sure that we're covering the most appropriate and effective treatment regimen for our members.

Carelon Medical Benefits Management, an independent company, administers this program on our behalf.

S-code reimbursement

We recognize that every patient is unique. When you decide that a Carelon Cancer Treatment Pathway regimen is best for an individual patient and your services are included in the Medical Oncology Program, you will be eligible to receive reimbursement, which is provided when you submit the following S-codes:

- S0353 (Treatment planning and care coordination management for cancer, initial treatment): \$300
- S0354 (Treatment planning and care coordination management for cancer, established patient. Billable no more than monthly): \$300

Who is eligible for the S-code reimbursement?

In-network providers ordering the member's treatment are eligible for S-code reimbursement when selecting a regimen that is a Carelon Cancer Treatment Pathway for their qualified patients.

Is the S-code in addition to other reimbursement tied to the regimen?

The S-code reimbursement is in addition to other reimbursement.

How do I submit the S-codes for reimbursement?

You will receive a notice of eligibility to receive payment for the S-codes through the Carelon **ProviderPortalSM** or by phone once a Carelon Cancer Treatment Pathway regimen is selected.

Once a Pathway regimen is selected through the program, you may bill for the applicable S-code at the onset of treatment.

How is the S-code claim submitted?

S-codes should be submitted as professional claims. Submit to Blue Cross following your usual procedures.

Can I bill an S-code on a stand-alone claim?

The S0353 and the S0354 preferably should be billed on a CMS-1500 along with other services being billed during treatment planning or administration of chemotherapy. If the approved S-code is billed alone on a claim, it will still be reimbursed.

How often can I bill an S-code?

- S0353 can be billed only once per patient, at the onset of treatment.
- S0354 can be reimbursed no more than once each 30 days of treatment, up to 11 months (as long as the member is still being treated with the approved, eligible regimen).
- S0354 cannot be reimbursed within 30 days of being reimbursed for S0353.

If I missed submitting an S-code for a patient, is there a time limit for submitting a claim?

Standard claim filing time limits specified in the provider agreement apply to S-code reimbursement to eligible providers. If a provider files a claim after the specified time period associated with the regimen, but is within the contractual claim filing time limits, the S-code will pay according to the date span and instructions for S-code reimbursement.