

Anthem Cancer Care Quality Program

Reimbursement FAQs

S-code Enhanced Reimbursement

What is the S-code enhanced reimbursement?

When you decide that an Anthem Cancer Treatment Pathway regimen and your services are included in the Cancer Care Quality Program, you will be eligible to receive an enhanced reimbursement, which is provided when you submit the following S-codes:

- S0353 (\$350) – Treatment planning and care coordination management for cancer, initial treatment
- S0354 (\$350) – Treatment planning and care coordination management for cancer, established patient. (Billable no more than monthly)

*Any reimbursement, including the \$350 for S0353 and S0354, is subject to contractual limitations of the lesser of billed charges. Consistent with other covered services under a member's benefit plan, we may apply member cost shares to the Program enhanced reimbursement (codes S0353 & S0354) for treatment planning and care coordination if applicable under the member's benefit plan.

How much is the reimbursement for the S-codes?

- S0353 is reimbursed \$350 once at the onset of treatment planning and care coordination management for initial cancer treatment
- S0354 is reimbursed \$350 no more than monthly while managing treatment planning and care coordination management for an established cancer patient

Who is eligible for the enhanced S-code reimbursement? Is the S-code in addition to other reimbursement tied to the regimen?

Participating ordering providers who are in-network for the member's benefit plan are eligible for enhanced S-code reimbursement when selecting a regimen that is a Cancer Treatment Pathway for their eligible patients.

How do I submit the S-codes for reimbursement?

You will obtain notice of eligibility to receive payment for the S-codes through the AIM *ProviderPortal* or via phone once a Cancer Treatment Pathway regimen is selected.

Once a Pathway regimen is selected through the program, you may bill on a CMS-1500 for the applicable S-code upon onset of treatment. Reimbursement of the S-codes will be limited as follows:

- S0353 (\$350) – once at onset of treatment
- S0354 (\$350) – no more than once monthly up to the maximum number of months specified by the instructions provided via the Cancer Care Quality Program

*Any reimbursement, including the \$350 for S0353 and S0354, is subject to contractual limitations of the lesser of billed charges. Consistent with other covered services under a member's benefit plan, we may apply member cost shares to the program enhanced reimbursement (codes S0353 & S0354) for treatment planning and care coordination if applicable under the member's benefit plan.

Does the provider submit S-code claims to AIM?

All claims should be submitted to the health plan.

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

Preferably both the S0353 and S0354 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 only be billed once per patient, at the onset of treatment (Eligibility for select oral and hormonal agents will be limited to a single S-code enhanced reimbursement (S0353) at the time of treatment initiation)
- S0354 can be reimbursed no more than once each 30 days of treatment up to the maximum number of months specified by the instructions provided via the program. S0354 cannot be reimbursed within 30 days of being reimbursed for S0353

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

Yes, standard claim filing time limits specified in the provider agreement applies to reimbursement to eligible providers for S-codes for Cancer Treatment Pathways. If a provider does file 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.

Is the enhanced S-code reimbursement subject to member cost shares and plan deductibles?

Yes. Claims are processed according to the terms of the benefit plan. Accordingly, member cost shares may apply to the program enhanced reimbursement (S-codes S0353 & S0354) for treatment planning and care coordination, if applicable under the member's benefit plan.

Why are certain pathway regimens only eligible to receive a single enhanced reimbursement award (S-code S0353) while other pathway regimens qualify for both S-code S0353 and S0354 awards?

To more appropriately align program intention to support member care coordination and to ensure compliance with regulatory requirements surrounding the Cancer Care Quality Program, select oral and hormonal agents for which a monthly in-office visit may not be required will be limited to a single enhanced reimbursement award to accompany treatment initiation (S0353).

If I order a treatment regimen that is not on a Cancer Treatment Pathway but the regimen is consistent with the health plan's Medical Policy, can I receive enhanced reimbursement?

In selecting Cancer Treatment Pathways, a number of factors are considered, most primarily the clinical benefit of the treatment regimen. Some regimens may offer equivalent clinical benefit but differ significantly in cost. When the cost of a regimen is high, the reimbursement to the servicing provider is correspondingly high. The health plan therefore considers that the reimbursement already includes compensation for cancer treatment planning and care coordination. In these circumstances, compensation for the S-codes is bundled. When a Cancer Treatment Pathway is selected, while the clinical benefit of the regimen is high, the cost and corresponding reimbursement is typically lower. Therefore, the health plan enhances the reimbursement for the regimens on Pathway through the separate S-code compensation.

For more information:

Our dedicated oncology provider website offers you all the tools and information you need to get started.

To access, go to www.cancercarequalityprogram.com

Note: The health plan considers cancer treatment planning and care coordination a component of overall medical care and

management services and, in most instances, not eligible for separate reimbursement. However, separate reimbursement is available to health plan participating providers, as approved under a health plan program such as the Cancer Care Quality Program. Additional programs may be developed to support local healthcare initiatives or state mandates.



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