

## CHEMOTHERAPY ADMINISTRATION

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### I. CPT<sup>1</sup> PROCEDURE CODES

96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415 - 96417, 96420, 96422, 96423, 96425, 96440, 96445, 96450, 96521 - 96523, 96542, 96549

### II. DESCRIPTION

Chemotherapy administration applies to parenteral administration of non-radionuclide anti-neoplastic drugs; and also to anti-neoplastic agents provided in treatment of noncancerous diagnoses (e.g., cycphosphamide for auto-immune conditions) or to substances such as monoclonal antibody agents, and other biologic response modifiers.

### III. POLICY

A. Chemotherapy administration, subcutaneous or intramuscular; non-hormonal and anti-neoplastic is covered.

B. Chemotherapy administration, intralesional, up to and including **seven** lesions, more than **seven** lesions, intravenous push technique, single, initial substance/drug, each additional substance/drug is covered.

C. Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug; each additional hour, initiation of prolonged chemotherapy infusion (more than **eight** hours requiring use of a portable or implantable pump and each additional sequential infusion (different substance/drug) up to **one** hour) is covered.

D. Chemotherapy administration, intra-arterial; push technique/infusion technique, up to **one** hour; infusion technique, each additional hour up to **eight** hours infusion technique (more than **eight** hours) requiring the use of a portable or implantable pump is covered.

E. Chemotherapy administration into pleural cavity, requiring and including thoracentesis; into the peritoneal cavity requiring and including peritoneocentesis is covered.

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**TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002**

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- F. Chemotherapy administration into CNS (e.g., intrathecal requiring and including spinal puncture) is covered.
  
- G. Refilling and maintenance of portable pump is covered. Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous-intera arterial) is covered.
  
- H. Irrigation of implanted venous access device for drug delivery systems is covered.
  
- I. Chemotherapy injection, subarachnid or intraventricular via subcutaneous reservoir, single or multiple agents is covered.

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