



Blue Medicare Advantage Cancer Care Quality Program

Enhanced Reimbursement FAQ

About Enhanced Reimbursement

1. What is the enhanced reimbursement?

Carelon Medical Benefits Management Cancer Treatment Pathways support high-quality, high-value cancer treatment. By choosing designated Carelon Cancer Treatment Pathways regimens when clinically appropriate, your practice may be eligible for enhanced reimbursement.

Only participating (“in network”) providers in Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, North Carolina, Ohio, Virginia, or Wisconsin are eligible to receive enhanced reimbursement – and only for the treatment of qualified plan members.

2. How will I be notified if I’m eligible for enhanced reimbursement?

If registering an order request through Carelon *ProviderPortalsm*, review the order summary page for S-codes, and instructions for S-code billing. If registering an order review by phone, you will be provided S-code information verbally.

A copy of the summary page can be accessed in *ProviderPortal* whether you initiate the order request online or by phone. It is recommended that you save the summary page for your practice’s records. No letters about S-code eligibility will be sent to your practice.

3. What if my order summary includes more than one S-code?

The code S0353 may be issued for one-time reimbursement at the onset of treatment planning and care coordination management.

The code S0354 may be reimbursed no more than monthly while coordinating care for an established patient. S0354 is approved for a period of up to five (5) months, as specified when the code is issued. This reflects the expected duration of treatment. For a regimen of fixed duration (e.g., adjuvant therapy), enhanced reimbursement applies for the duration of all planned cycles of chemotherapy. For a treatment regimen that is indefinite (e.g., planned until disease progression), enhanced reimbursement is limited to six (6) months. If treatment continues beyond six (6) months, a new order request should be submitted to Carelon to continue to receive enhanced reimbursement. Most users find that the most efficient way to track approved S-code billing durations is to save a copy of the order summary available in the *ProviderPortal* with a patient’s record.

4. How often can S-codes be billed?

S0353 can only be reimbursed once per patient, at the onset of treatment.

S0354 can be reimbursed no more than once for each 30 days of treatment, up to the maximum number of months specified in the order summary. S0354 cannot be reimbursed within 30 days of being reimbursed for S0353.

