



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.

AIM Specialty Health®, an independent company, administers this program on our behalf.

S-code reimbursement

We recognize that every patient is unique. When you decide that an AIM 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 flat fee
- S0354 (Treatment planning and care coordination management for cancer, established patient. Billable no more than monthly): \$300 flat fee

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 an AIM Cancer Treatment Pathway for their qualified patients.

Are S-codes reimbursed separately from other reimbursement tied to the regimen?

Yes, if authorized, the S-codes are reimbursed (flat fee for S0353 or S0354) in addition to any other reimbursable services tied to the regimen.

How do I submit the S-codes for reimbursement?

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

Once a Pathway regimen is selected through the program, please:

- Submit a separate claim for S-code reimbursement to Blue Cross
- Bill as **either** a professional 1500 claim **or** a UB-04 claim
 - If using a UB-04 claim, please see additional instructions below
- Bill S0353 at the onset of treatment in accordance with the valid dates within your AIM authorization approval (*refer to the image on page 2 for where to find the valid dates*)
- Bill S0354 no more than one time every 30 days of treatment, in accordance with the valid dates within your authorization approval (as long as the member is still being treated with the approved, eligible regimen).

UB-04 claims

In addition to the claim submission procedures described above, for UB-04 facility claims:

- You **must** bill the appropriate S code **with** revenue code 0960 on a separate claim from other services tied to the regimen. This will ensure that the facility claim matches the approved regimen.

Note: You may bill the S-code on a UB-04 claim form or a 1500 claim form, but not both.

Sample showing valid dates on an AIM authorization approval



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.

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

Yes, if authorized, please submit a separate claim for the S0353 or S0354 code for reimbursement.

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 be reimbursed according to the date span and instructions for S-code reimbursement.

Document history

December 2021: Updated UB-04 claim submission procedures to bill S-codes with revenue code 0960, instead of 0980 for all dates of service.

June 2021: Updated to include additional instructions and clarity on billing S-code claims separately. Also added instructions for billing on a UB-04 claim form, and a screenshot to show where to find valid dates for the authorization.

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