

Chemotherapy

Benefit Coverage

Chemotherapy is a covered benefit when medically necessary for appropriate treatment of disease or illness and can be provided in a physician's office, facility, or other outpatient or home setting.

Chemotherapy services require authorization.

Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments for:

Home Health Care (HHC)

Inpatient Hospital Services

Outpatient Hospital Services

Chemotherapy/Radiation Therapy

Physician - Outpatient/Office Visit

Benefit Exclusions

- Experimental/investigational chemotherapy drugs or services. Prescribed drugs and medicines for outpatient care and over-the-counter medications not requiring a prescription.
- Drugs packaged in combination kits that include other non-prescription products or non-prescription drugs unless the drug is not otherwise available without the non-prescription components.

Chemotherapy

Examples of Covered Services

- FDA Approved Chemotherapy Drugs

Examples of Non-Covered Services

- Oral or topically self-administered medications (may be available under the *Outpatient Prescription Drug* benefit)
- Laetrile
- Chymotrypsin
- Experimental/Investigational Treatment(s)

References

Blue Shield Medical Policy

Combined Evidence of Coverage and Disclosure Form

IFP Evidence of Coverage and Health Service Agreement

Blue Shield HMO IPA/Medical Group Procedures Manual