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CODE DESCRIPTIONS, INTERPRETATION AND GUIDELINES FOR USE BY  
MEDICAL ONCOLOGISTS (PR 23\*), CLINICAL AND RADIATION  
ONCOLOGISTS (PR 40\*), PEDIATRIC ONCOLOGISTS AND CLINICAL  
HEMATOLOGISTS (PR 27\*).

**NON INFUSIONAL CHEMOTHERAPY**

1. **Non Infusional Chemotherapy Fee - Code 5790** - Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy, intramuscular (IMI) or subcutaneous (SC), intrathecal or bolus chemotherapy or oncology specific drugs per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) (not applicable to oral hormonal therapy).
  - a. This code should be used to charge where oncological medications, necessary for the treatment of cancer are used and where cancer patients are managed by doctors who are suitably qualified and experienced in:
    - i. Oral chemotherapy - per cycle (every three to four weeks)
    - ii. Intramuscular hormonal or chemo therapy - per cycle (every three to four weeks, irrespective of number of administrations)
    - iii. Subcutaneous - per cycle every three to four weeks, irrespective of number of administrations
    - iv. Intrathecal - per day of administration
    - v. Bolus IVI chemotherapy - per day of administration
    - vi. Oncology specific drug infusions – per day of administration

- b. Oral steroids, as part of the chemotherapy treatment as well as anti-emetics (oral and intravenous) are given together with intravenous or oral chemo, therefore the charge is only once and for the main therapy given and no additional charges are to be levied.
- c. Code 5790 can be charged with any one of codes 5791 or 5792.
- d. If the drugs are obtained and procured through a third party, code 5791 (and 5790), should be charged. (See below interpretation of code 5791).
- e. If the drugs are bought by the practice and sold to the patients, code 5792 (and 5790) should be charged (see below interpretation of code 5792).
- f. It is not applicable to the treatment of nausea and vomiting post chemotherapy/radiotherapy. In that circumstance the consultation, as well as the infusional pharmacotherapy code only is chargeable, without any facility fees would be appropriate.
- g. It is also not applicable for rehydration, flushes of A-ports, Hickmann or central venous lines, vitamin injections etc. In that circumstance, the consultation, as well as the materials and medicines used are chargeable.
- h. The use of this code precludes the use of code 5793; 5794; 5795 or the infusional pharmacotherapy code on the same day.

**2. Non Infusional Chemotherapy Facility Fee - Code 5791** - A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drugs per treatment day. This fee is chargeable by doctors who are suitably qualified and experienced who own or rents the facility, and provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO - to be used in conjunction with item 5790 - only one of the parties is to charge this fee. (Not applicable to oral hormonal therapy)

- a. This code can be used by one of the doctor or the hospital where they have procured (not bought) the oncological drugs from a third party and supplies or administers the treatment drugs.
- b. Can be charged with code 5790.

- c. Same charging rules apply as per 1(a)(i) through 1(a)(v)
- d. It does apply to oral chemotherapy but not oral hormonal therapy.
- e. NB: Non infusional (Code 5790, 5791 and 5792) is the appropriate codes to be used for the administration of oral, intrathecal, subcutaneous and intramuscular oncology medications. It also applies to bolus and push intravenous therapies which do not require a long intravenous technique, (usually described as more than 20 minutes).

**3. Non Infusional Chemotherapy Facility Fee - Code 5792** - A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drugs per treatment day. This fee is chargeable by doctors who are suitably qualified and experienced who own or rent the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - only one of the parties is to charge this fee. (Not applicable to oral hormonal therapy).

- a. This code can be charged where the drugs are bought and sold by them to the patient.
- b. Can be charged with code 5790.
- c. Same charging rules apply as per 1(a)(i) through 1(a)(v)
- d. It does apply to oral chemotherapy but not oral hormonal therapy.
- e. NB: Non infusional (Codes 5790, 5791 or 5792) is the term used for the administration of oral, intrathecal, subcutaneous and intramuscular oncology medications. It also applies to bolus and push intravenous therapies which do not require a long intravenous technique, (usually described as more than 20 minutes).

### **INFUSIONAL CHEMOTHERAPY**

**4. Infusional Chemotherapy - Code 5793** - Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use

by doctors who are suitably qualified and experienced using recognised chemotherapy facilities (consultations to be charged separately).

- a. Fee for management of intravenous infusional administration (chemotherapy, targeted therapies, biological response modifiers, etc) irrespective of the duration of the infusion but not applicable for intravenous bolus administrations. (see also 3(e))
- b. Can be charged with any one of codes 5794 or 5795.
- c. If the drugs are obtained and procured through a third party, code 5794 (and 5793), should be charged (see below interpretation of code 5794).
- d. If the drugs are bought by the practice and sold to the patients, code 5795 (and 5793) should be charged (see below interpretation of code 5795).
- e. It applies to all intravenous chemotherapy under the doctor's supervision, be it at the oncologist's rooms or in the Hospital ward while a patient is receiving chemotherapy treatment.
- f. It is applicable per treatment day and per cycle of therapy (e.g. day 1 – 5, weekly, bi-weekly, q 21 days, etc.)
- g. It is not applicable to the treatment of nausea and vomiting post chemotherapy/radiotherapy or oncology specific drugs. In that circumstance the consultation, as well as the infusional pharmacotherapy code only is chargeable, without any facility fees.
- h. It is not applicable for rehydration, flushes of A-ports, Hickmann or central venous lines, vitamin injections etc. In that circumstance, the consultation, as well as the materials and medicines used are chargeable.
- i. The use of this code precludes the use of code 5790; 5791; 5792 or the infusional pharmacotherapy code on the same day.
- j. This code would also be appropriate for the administration of blood, blood products or iron as it would give rise to significant savings over hospitalization.

**5. Infusional Chemotherapy Facility Fee - Code 5794** - A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately

trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors who are suitably qualified and experienced who own or rent the facility, and provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO. This fee is to be used in conjunction with item 5793 - only one of the parties is to charge this fee.

- a. This code is to be charged if the oncological drugs have been procured (not bought) from a third party.
- b. The drugs are then stored, admixed, and intravenously administered to the patient in an appropriate oncology facility recognized by special accreditation through SASMO/SASCRO.
- c. Can be charged for in patients who receive treatment in the accredited facility, but need hospitalisation for hydration or continuous infusion of one of many chemotherapy drugs.
- d. Can be charged with code 5793.

**6. Infusional Chemotherapy Facility Fee - Code 5795** - A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors who are suitably qualified and experienced who own or rent the facility, and provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO. This fee is to be used in conjunction with item 5793 - only one of the parties is to charge this fee.

- a. In this circumstance the drugs are bought and sold to the patient.
- b. This code applies exclusively for those drugs requiring pharmacy storage, admixing and intravenous administration to the patient in an appropriate oncology facility recognized by a special accreditation through SASMO/SASCRO.
- c. Can be charged for in patients who receive treatment in the accredited facility, but need hospitalisation for hydration or continuous infusion of one of many chemotherapy drugs.
- d. Can be charged with code 5793.

## GENERAL POINTS

7. The reference to doctors who are suitably qualified and experienced and facilities that are to be accredited under the auspices of SASMO and/or SASCRO needs to be verified by making an application through the SAOC offices, a CV with the required proof of such training and experience will be required, and an application needs to be made on the prescribed form for the accreditation of such facilities.
8. The reference to “Oncology specific drugs” under the non infusional codes (5790, 5791 or 5792) relates to ancillary supportive therapy such as biological growth factors, bisphosphonates, cytoprotectors, erythropoietins, etc. It doesn't apply to vitamins, minerals, blood products, rehydration products, steroids (as single agents and not when given as part of a chemotherapy regimen).
9. Oral hormonal therapy is not reimbursed under any specific code.
10. Chemotherapy administration refers only when the drug/s are used as anti-neoplastic therapy and the patient's diagnosis is cancer, or has a haematological condition requiring anti-cancer treatment.
11. If chemotherapy is administered by push or bolus administration, intramuscular or subcutaneously (codes 5790 together with 5791 or 5792) **together** with intravenous infusion on the same day, **only** the IV chemotherapy infusion codes apply (code 5793 together with 5794 or 5795).
12. If chemotherapy is administered by IV infusion and IV hydration and/or IV or oral antiemetics are given concomitantly, only the IV chemotherapy infusion codes apply (code 5793 together with 5794 or 5795).
13. Flushing of a vascular access port or line, prior to the administration of chemotherapy is considered an integral part of the service and is not billable separately.
14. if a special visit is made for the purpose of the flushing, the consultation fee as well as the materials used is chargeable but no other specific code.