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Auxiliary Personnel Involved in Comprehensive Cancer Care

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Comprehensive cancer care is most often thought to be related to a facility's ability to use the latest technology to treat patients with cancer. This may involve cutting-edge medicines and radiation therapies that are not found in all cancer programs, except those designated as offering advanced therapies. However, as cancer care advances, the term "comprehensive" is expanding beyond standard treatments (e.g., medical, radiation, or surgical oncology) to encompass the full clinical approach, and ancillary—or supportive care—services are a key component of this level of care.

Auxiliary staff, like oncology social workers and pharmacists, directly impact patients and their cancer experience. The shift from only treating the cancer to treating the whole patient has advantages. Factors related to patient non-adherence or non-compliance include inadequate health literacy and knowledge, socio-economic status, lack of communication and transportation, and lack of family support.¹ Today, cancer programs and practices are employing and/or using auxiliary staff to address these types of unmet needs, fostering relationships and shared decision-making with patients and caregivers who find themselves now to be part of a team dedicated to their well-being and outcomes. With this comprehensive focus, patients tend to do better with adherence to their treatment plan.

Oncology Social Workers

The role of the oncology social worker in the comprehensive approach to cancer care

cannot be understated. Clinical social workers in cancer programs and practices provide a wide range of psychosocial services to patients facing a cancer diagnosis. Examples of clinical social work services can include psychological counseling, practical assistance related to transportation barriers, financial assistance to access treatment, and identification of community resources to help address social determinants of health and remove language and/or cultural barriers.

Most often, it is the social worker who helps patients and families navigate both the process of cancer care and the complex healthcare system. Social workers ensure that patients with cancer understand the care they are receiving, bridge gaps in this care by connecting them to resources, and address unmet needs—all services that improve health equity and patient compliance to treatment regimens.

Regardless of the treatment regimen prescribed for the patient or the setting in which the patient is treated, all oncology social workers adhere to a set of "Scope and Standards of Practice."² These standards ensure that all patients are treated appropriately and the education and training of the staff providing these services is appropriate and recognized.

Billing and Reimbursement of Services

One of the many questions related to the services provided by the oncology social worker is: What services can be billed to payers?

When billing for services by oncology social workers, there are several Current Procedure Terminology (CPT®) codes from the "Medicine, Psychotherapy" series developed by the American Medical Association. The ability to be paid for these services may depend on the payer, state guidelines, the setting, and timing of the services provided.

For example, if a patient is receiving radiation oncology services, there is a laundry list of services that Medicare considers part of the physician management of the patient during the course of treatment, which are billed with a dedicated CPT code. This includes nutritional counseling, pain management, and routine medical management of unrelated problem(s)—regardless of the setting in which the services were provided. Accordingly, if the services provided by the oncology social worker occur during the radiation oncology treatment course and are related to the management of the patient's cancer and treatment(s), the services provided may not be billed separately; the services are considered part of the physician management and bundled into the physician's charge.

For oncology patients who do not receive radiation treatments—or if the oncology social worker's services are provided outside the course of radiation treatment—the ability to bill for and be paid for these services depends on the payer, state guidelines, setting, and timing of the services provided, but payment is more likely because the services would not be considered bundled to other services.

When services are provided by the oncology social worker, **modifier AJ** (clinical social worker) is applied to the billing code. This identifies that the service was provided by a social worker, and Medicare will reimburse these services at 75 percent of the Medicare Physician Fee Schedule or actual rate (e.g., rates from other Medicare fee schedules or payment models), whichever is less. It should be noted that the ability to bill for other services, such as evaluation and management or procedures that include management of the patient, are typically considered outside the scope of an oncology social worker and are not billable.

Oncology Pharmacists

The oncology pharmacist is involved in all aspects of cancer care, ranging from chemotherapy dose preparation and safety checks to educating patients about side effects related to their treatment. Working closely with oncologists and other members of the multidisciplinary care team, the oncology pharmacist educates patients about treatment regimens, often bridging gaps in education about the drugs they are taking, dosing schedules, and/or administration. This education is especially critical with the growing number of oral chemotherapy medications and the importance of patient adherence to ensure best outcomes with use of these oral agents.

In addition, like the oncology social worker, the oncology pharmacist is typically aware of programs and funding that are available to patients with cancer to help offset high costs of care. Oncology pharmacists can also develop formulary management strategies that bring cost savings to the patient and facility.

Billing and Reimbursement of Services

Despite the essential services oncology pharmacists provide, billing payers for these services is problematic. Requests for the Centers for Medicare & Medicaid Services (CMS) to recognize—and reimburse—pharmacists as practitioners are not new and have

come up at different times over the last several years.

Most recently in the Medicare Physician Fee Schedule CY 2021 final rule,³ stakeholders asked CMS for clarification on whether pharmacists could provide services incident to the physician or non-physician practitioner (NPP), specifically for medication management services. According to CMS, a pharmacist is considered auxiliary personnel; pharmacists are not considered qualified healthcare professionals because there is no allowance for them to enroll in, bill, and receive direct monies from Medicare as a qualified healthcare professional would. Therefore, pharmacists cannot bill for evaluation and management services (**CPT codes 99202-99215**) for the time they spend working with patients in a consultative manner.


Medicare does continue to support services provided incident to the physician or NPP, but to support this, the physician (or NPP) must be present to supervise the work of the pharmacist at the time they are providing the service to the patient. However, CMS did indicate that pharmacists could provide services incident to the billing physician or NPP if the payment for services is not made under the Medicare Part D benefit and is within the state scope of practice and applicable state laws for the services provided.

All services provided under Medicare Part D are not billable under Medicare Part B. This includes services like medication management and Medicare Part D dispensing fees that include time verifying coverage, mixing or measuring the covered drug, filling the container, performing quality assurance, reviewing contraindications or drug-drug interactions, and dispensing the prescription to the beneficiary.

Incident-to services are limited to office-based settings and, per Medicare, these services are not available in the facility setting. Direct supervision is required of the physician or NPP for incident-to, which means they must be in the office suite and immediately available and able to respond

without interval of time. This requirement makes it challenging for many oncology pharmacists to bill for their services.

Take-Home Message

Comprehensive cancer care encompasses a wide range of services that are critical to high-quality care and the patient experience. With the move to value-based care and alternative payment models and methodologies (like bundling), it is time to ensure adequate reimbursement for all services provided to patients. Beyond reimbursement, services provided by oncology social workers and oncology pharmacists help reduce costs of care and improve patient outcomes.^{4,5} Allowing each member of the cancer care team to practice at the top of their license and focus their expertise where it is needed benefits patients and cancer programs and practices alike. 

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