



# PAYMENT INTEGRITY COMPLIANCE Therapeutic Drug Monitoring for 5-Fluorouracil

POLICY INFORMATION			
Policy Number:	POL-PP-315 AHS – M2067 – Therapeutic Drug Monitoring for 5-Fluorouracil	Original Effective Date:	07/01/2025
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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input checked="" type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

## Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



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## Description/Application

Chemotherapeutic agents are incredibly potent drugs, often carrying cytotoxic side effects. Most chemotherapeutic drugs have a steep dose-response relationship and a narrow therapeutic index (a range where an agent provides therapeutic effect without major side effects). Identification of the optimal dose of a chemotherapeutic agent, such as 5-fluorouracil, has been proposed as a potential improvement for the management of cancer patients (Eaton, 2024).

This policy does not address pharmacogenetic testing to aid or direct chemotherapies. For pharmacogenetic testing, please refer to AHS-M2021.

## Policy

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

For individuals who are undergoing 5-fluorouracil chemotherapy, therapeutic drug monitoring (TDM) to aid in managing dose adjustment **may be reimbursed**

*The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual’s illness.*

To aid in managing dose adjustment for individuals undergoing 5-fluorouracil chemotherapy, the following tests **may not be reimbursed**.

- Uracil breath tests.
- Dihydrouracil/uracil ratio testing of plasma, serum, or urine samples.

## Coding

CPT	Code Description
S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil
80299	Quantitation of therapeutic drug, not elsewhere specified
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen
83789	Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen

## References and Resources

Avalon Medical Policy AHS – M2067 – Therapeutic Drug Monitoring for 5-Fluorouracil

