

Clinical Trials

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[Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> • Clinical Trials • Experimental and Investigational Services

Coverage Rationale

Indications for Coverage

Effective for plan years include starting on or after January 1, 2014, the Patient Protection and Affordable Care Act (“PPACA”) requires non-grandfathered health plans to cover “Routine Patient Costs” incurred by a “Qualifying Individual” who is participating in an “Approved Clinical Trial”. Benefits include the reasonable and necessary items and services used to prevent, diagnose and treat complications arising from participation in a qualifying clinical trial. Benefits are available only when the covered person is clinically eligible for participation in the qualifying clinical trial as defined by the researcher.

Approved Clinical Trial

An “Approved Clinical Trial” is defined as:

- Phase I, Phase II, Phase III, or Phase IV clinical trial,
- Being conducted in relation to the prevention, detection or treatment for Cancer or other life threatening disease or condition; and
- Meets the requirements under Section II below

For purposes of this benefit, a “life-threatening disease or condition” is one from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

Additional Clinical Trials

Coverage of [Routine Patient Costs](#) incurred by members participating in the following types of Clinical Trials is not currently mandated by PPACA. However, UnitedHealthcare’s standard Clinical Trial benefit would also include coverage of the [Routine Patient Costs](#) when a member is participating in a:

- Phase I, Phase II or Phase III clinical trial,
- Being conducted in relation to the detection or treatment of non-life threatening
 - Cardiovascular disease (cardiac/stroke),
 - Surgical musculoskeletal disorders of the spine, hip and knees; and/or
 - Other Clinical Trials: Certain plans may allow Clinical Trials relating to other diseases or disorders which are not life-threatening. Refer to the member specific benefit plan documents for coverage
- Meets the requirements under Section II below.

Criteria for Approved Clinical Trials

The Clinical Trial must be described in one of the main bullets below:

- The study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of the following:
 - National Institutes of Health (NIH). (Includes National Cancer Institute (NCI).)
 - Centers for Disease Control and Prevention (CDC).
 - Agency for Healthcare Research and Quality (AHRQ)
 - Centers for Medicare and Medicaid Services (CMS)
 - A cooperative group or center of any of the entities described above or the Department of Defense (DOD) or the Veterans Administration (VA)
 - A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants
 - The Department of Veterans Affairs, the Department of Defense or the Department of Energy as long as the study or investigation has been reviewed and approved through a system of peer review that is determined by the Secretary of Health and Human Services to meet both of the following criteria:
 - Comparable to the system of peer review of studies and investigations used by the National Institutes of Health
 - Ensures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review

or

- The study or investigation is conducted under an investigational new drug application reviewed by the U.S. Food and Drug Administration; or
- The study or investigation is a drug trial that is exempt from having such an investigational new drug application.

Additional Requirements

- The clinical trial must have a written protocol that describes a scientifically sound study and have been approved by all relevant institutional review boards (IRBs) before participants are enrolled in the trial. We may, at any time, request documentation about the trial.
- The subject or purpose of the trial must be the evaluation of an item or service that meets the definition of a Covered Health Care Service and is not otherwise excluded under the Policy.

Qualified Individual

A qualified individual must be:

- Covered under the health plan; and
- Eligible to participate in an approved clinical trial according to the trial protocol when the individual:
 - Was referred to the clinical trial by an in-network health care professional who has concluded that the individual's participation would be appropriate because the individual is eligible for the trial according to its protocol; or
 - Provides the plan with medical and scientific information that establishes that participation would be appropriate because the individual is eligible for the trial according to its protocol.

Routine Member Costs During Clinical Trials Include Covered Health Care Services:

- For which Benefits are typically provided absent a clinical trial
- Required solely for:
 - The provision of the Experimental or Investigational Service or item (e.g., the infusion administration services to deliver an investigational drug); and/or
 - The clinically appropriate monitoring of the effects of the service or item (e.g., lab tests and imaging done at a frequency consistent with signs and symptoms and other standards of care for that diagnosis or treatment type); and/or
 - The prevention of complications
- Needed for reasonable and necessary care arising from the provision of an Experimental or Investigational service(s) or item

Network Plans

In or Out-of-Network: Refer to Member specific EOC and refer to the Benefit Interpretation Policy titled *Clinical Trials* for information related to routine Member costs in clinical trials.

Coverage Limitations and Exclusions

Benefits for Clinical Trials do not include:

- The Experimental or Investigational Service(s) or item that is used in the clinical trial is not covered, except for the following:
 - Certain [Category B Devices](#)
 - Certain promising interventions for members with terminal illnesses
 - Other items and services that, in our determination, meet specified criteria in accordance with our medical and drug policies
- Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the member. Examples include, but are not limited to:
 - Laboratory tests and imaging studies done at a frequency dictated by the study protocol and not consistent with signs and symptoms and other standards of care for that diagnosis or treatment type
- A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis
- Items and services provided by the research sponsors free of charge for any person enrolled in the trial
- Travel and transportation expenses are excluded from coverage. These include, but are not limited to:
 - Fees for all types of transportation. Examples include, but are not limited to: personal vehicle, taxi, medical van, ambulance, commercial airline, and train
 - Rental car expenses
 - Mileage reimbursement for driving a personal vehicle
 - Lodging
 - Meals
- Routine member costs obtained out-of-Network where non-network benefits do not exist under the plan.
- Clinical Trials that do not meet the requirements listed in the Indications for Coverage section above. An example includes, but is not limited to, Phase 0 drug Clinical Trials

Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

Required Clinical Information
Clinical Trials
Provider should call the number on the member's ID card to verify what clinical information is required for review.

Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Category B Devices: As determined by the FDA, non-experimental and/or investigational devices where the incremental risk is the primary risk in question (i.e., underlying questions of safety and effectiveness of that device type have been resolved), or it is known that the device type can be safe and effective because, for example, other manufacturers have obtained FDA approval for that device type. Only certain FDA-designated Category B devices are covered. In order to be covered, all of the following criteria must be met:

- The device must be used within the context of an FDA-approved clinical trial
- The device must be used according to the clinical trial's approved protocols
- Must fall under a covered benefit category and must not be excluded by law, regulation or current Medicare coverage guidelines

- The device is medically necessary for the member, and the amount, duration and frequency of use or application of the service is medically appropriate
- The device is furnished in a setting appropriate to the member's medical needs and condition

Clinical Trials/Studies Involving Investigational New Drugs:

(National Institutes of Health) <https://clinicaltrials.gov/ct2/about-studies/home> – About Clinical Studies>Glossary of Common Site Terms>P

- Phase 0: Exploratory study involving very limited human exposure to the drug, with no therapeutic or diagnostic goals (for example, screening studies, micro-dose studies)
- Phase 1: Studies that are usually conducted with healthy volunteers and that emphasize safety. The goal is to find out what the drug's most frequent and serious adverse events are and, often, how the drug is metabolized and excreted
- Phase 2: Studies that gather preliminary data on effectiveness (whether the drug works in people who have a certain disease or condition). For example, participants receiving the drug may be compared with similar participants receiving a different treatment, usually an inactive substance (called a placebo) or a different drug. Safety continues to be evaluated, and short-term adverse events are studied
- Phase 3: Studies that gather more information about safety and effectiveness by studying different populations and different dosages and by using the drug in combination with other drugs
- Phase 4: Studies occurring after the US Food and Drug Administration (FDA) has approved a drug for marketing. These include post-market requirement and commitment studies that are required of or agreed to by the sponsor. These studies gather additional information about a drug's safety, efficacy, or optimal use

Exceptions:

- Clinical Trials for which Benefits are available as described under Clinical Trials in Section 1: Covered Health Care Services.
- If you are not a participant in a qualifying clinical trial, as described under Clinical Trials in Section 1: Covered Health Care Services, and have a Sickness or condition that is likely to cause death within one year of the request for treatment we may, as we determine, consider an otherwise Experimental or Investigational Service to be a Covered Health Care Service for that Sickness or condition. Prior to such a consideration, we must first establish that there is sufficient evidence to conclude that, albeit unproven, the service has significant potential as an effective treatment for that Sickness or condition.

Experimental and/or Investigational Procedures, Items and Treatments: Procedures, items, treatments, studies, tests, drugs or equipment will be considered Experimental and/or Investigational if any of the following criteria/guidelines are met:

- It cannot lawfully be marketed without the approval of the U.S. Food and Drug Administration (FDA) and such approval has not been granted at the time of its use or proposed use.
- It is a subject of a current investigation of new drug or new device application on file with the FDA.
- It is the subject of an ongoing clinical trial (Phase I, II or the research arm of Phase III) as defined in regulations and other official documents issued by the FDA and Department of Health and Human Services (DHHS).
- It is being provided according to a written protocol that describes among its objectives the determination of safety, efficacy, toxicity, maximum-tolerated dose or effectiveness in comparison to conventional treatments.
- Other facilities studying substantially the same drug, device, medical treatment or procedures refer to it as experimental or as a research project, a study, an invention, a test, a trial or other words of similar effect.
- The predominant opinion among experts as expressed in published, authoritative medical literature is that usage should be confined to research settings.
- It is not Experimental or Investigational itself according to the above criteria, but would not be Medically Necessary except for its use in conjunction with a drug, device or treatment that is Experimental or Investigational (e.g., lab tests or imaging ordered to evaluate the effectiveness of an Experimental therapy).

The sources of information to be relied upon by United Healthcare West in determining whether a particular treatment is Experimental or Investigational, and therefore not a covered benefit under this health plan, include, but are not limited to, the following:

- The Member's medical records;
- The protocol(s) according to which the drug, device, treatment or procedure is to be delivered;
- Any informed consent document the Member, or his or her representative, has executed or will be asked to execute, in order to receive the drug, device, treatment or procedure;
- The published authoritative medical and scientific literature regarding the drug, device, treatment or procedure;
- Expert medical opinion;

- Opinions of other agencies or review organizations, e.g., ECRI Health Technology Assessment Information Services, Hayes New Technology Summaries or MCMC Medical Ombudsman; regulations and other official actions and documents issued by agencies such as the FDA, DHHS and Agency for Health Care Policy and Research (AHCPR).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Coding Clarification: Clinical Trials claims are not limited to these modifiers. However, if a claim has this code it is considered to be a Clinical Trials claim.

Modifier Code	Description
Q0	Investigational clinical service provided in a clinical research study that is in an approved clinical research study
Q1	Routine clinical service provided in a clinical research study that is in an approved clinical research study

HCPCS Code	Description
Covered When Criteria Are Met	
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial
G0293	Non-covered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day
G0294	Non-covered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, non-covered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session
S9988	Services provided as part of a Phase I clinical trial
S9990	Services provided as part of a Phase II clinical trial
S9991	Services provided as part of a Phase III clinical trial
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion
Not Covered	
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion
S9996	Meals for clinical trial participant and one caregiver/companion

Coding Clarification: Clinical trials claims are not limited to this diagnosis code. However, if a claim has this code it is considered to be a clinical trials claim.

Diagnosis Code	Description
Z00.6	Encounter for examination for normal comparison and control in clinical research program

References

Medicare Benefit Policy Manual, Chapter 14-Medical Devices. § 20.2 Category B; available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html> Accessed February 4, 2020.

Medicare Transmittal 126, September 19, 2000, new section 30-1: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R126CIM.pdf> Accessed February 4, 2020.

NCD for Routine Costs in Clinical Trials, Section 310.1, Publication 100-3 at: <http://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx?bc=AgAAAAAAAAAAAAA%3d%3d&> Accessed February 4, 2020.

US Department of Health and Human Services, Healthcare.gov Health Care Law information page: <http://www.healthcare.gov/law/index.html> Accessed February 4, 2020.

Guideline History/Revision Information

Date	Summary of Changes
01/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
05/01/2020	<ul style="list-style-type: none">Routine review; no change to coverage guidelinesArchived previous policy version MMG020.N

Instructions for Use

This Medical Management Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare West Medical Management Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Member benefit coverage and limitations may vary based on the member's benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.