



CLINICAL TRIALS FOR CANCER CARE

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Status: Current

Summary of Changes

Clarifications:

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Deletions:

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Additions:

- Pg 3, Section II, the following statement was added under “Additional coverage requirements include:” Member must have an advanced care planning assessment (see Appendix A at the end of this medical policy) completed by a qualified provider. The assessment should accompany the request for a clinical trial for cancer care.
- Pg 11, Appendix A, Advanced Care Planning Assessment, added to policy.

I. DESCRIPTION

This policy is the result of a collaborative effort of cancer care providers, payors, legislators, and patient advocates termed “The Michigan Working Group to Improve Cancer Outcomes”. The intent of the group, which was organized and completed its work in 2001, was to increase participation in select cancer-related clinical trials by making payment predictable for services provided within the context of clinical trials. Priority Health has agreed to provide coverage for the routine care costs of patient participation in approved clinical trials as described below.

Definitions:

Coverage of cancer clinical trials is based on the American Society of Clinical Oncology’s definition of patient oriented research:

“Clinical investigation in oncology is hypothesis-driven research that employs measurements in whole patients or normal human subjects, in conjunction with laboratory measurements as appropriate, on the subjects of clinical biology, natural history, prevention, screening, diagnosis, therapy or epidemiology of neoplastic disease”.

Clinical trials are research studies designed to evaluate the safety and effectiveness of medical care. They are key to understanding the appropriate use of medical interventions of all types. All trials are based on a set of rules called a protocol. The protocol describes the characteristics of people who may be



enrolled; the characteristics of people who may not participate; the length of the study; the schedule of tests, procedures, medications and dosages; and other study details.

Clinical trials are sponsored or funded by a variety of organizations or individuals such as physicians, medical institutions, foundations, voluntary groups, and pharmaceutical companies, in addition to federal agencies such as the National Institutes of Health (NIH). The research services and research medications/products received in most clinical trials should be free to the patient.

- A. There are different types of clinical trials. They include:
1. Treatment trials which test new treatments, new combinations of drugs, or new approaches to surgery or radiation therapy.
 2. Prevention trials that look for better ways to prevent disease in people who have never had the disease or to prevent a disease from returning. These approaches may include medicines, vitamins, vaccines, minerals, or lifestyle changes.
 3. Diagnostic trials that help determine better tests or procedures for diagnosing a particular disease or condition.
 4. Screening trials that test the best way to detect certain diseases or health conditions.
 5. Quality of life trials (or Supportive Care trials) which explore ways to improve comfort and the quality of life for individuals with a chronic illness.
- B. After careful laboratory testing for safety and effectiveness, new therapies are evaluated in trials. Clinical trials are conducted in phases. The trials at each phase have a different purpose and help scientists answer different questions:
1. In Phase I trials, researchers test a new drug or treatment in a small group of people (20-80) for the first time to evaluate its safety, determine a safe dosage range, and identify side effects.
 2. In Phase II trials, the study drug or treatment is given to a larger group of people (100-300) to see if it is effective and to further evaluate its safety.
 3. In Phase III trials, the study drug or treatment is given to large groups of people (1,000-3,000) to confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the drug or treatment to be used safely.
 4. In Phase IV trials, post marketing studies delineate additional information including the drug's risks, benefits, and optimal use.

Every clinical trial in the U.S. must be approved and monitored by an Institutional Review Board (IRB) to make sure the risks are as low as possible and are worth any potential benefits. An IRB is an independent committee of physicians, statisticians, community advocates, and others that ensures that a clinical trial is ethical and the rights of study participants are protected. All institutions that

conduct or support biomedical research involving people must, by federal regulation, have an IRB that initially approves and periodically reviews the research.

The guidelines in this document are applicable to Phase II and Phase III clinical trials. Only those studies that have the potential of therapeutic benefit (Phase II and III) for patients will be considered for coverage.

II. POLICY/CRITERIA

Priority Health will cover **routine patient care costs** (defined below) for **Phase II & III** cancer clinical trials that meet the qualifications for “approved” or “deemed” clinical trials below. This policy is limited to oncology clinical trials and does not include clinical trials for other diagnoses. **This agreement is limited to clinical trials being performed in Michigan.** Trials being performed in Michigan will be given coverage preference.

Additional coverage requirements include:

- Services must be pre-approved by Priority Health.
 - Member must have an advanced care planning assessment (see Appendix A at the end of this medical policy) completed by a qualified provider. The assessment should accompany the request for a clinical trial for cancer care.
 - If services can be provided in plan (e.g. labs and imaging studies), then the Plan will pay for those services in-plan only.
 - If services are available through two or more hospitals, preference will be given to Michigan facilities.
 - The Plan will only reimburse for service provided through clinical trials at the fee schedule paid to participating providers. The member may have additional expenses if the physicians and facility providing the services balance bill the member.
- A. Qualifications Required For “Approved” or “Deemed Status” Clinical Trial Classification. A clinical research study will be considered worthy of support if **all** of the following apply:
1. The institution/investigator/team performing the cancer clinical trial adheres to accepted Office of Human Research Protection (OHRP) National Institute of Health (NIH)/Food and Drug Administration (FDA) procedural and ethical standards pertaining to conflict of interest and consistent protection of human subjects including:
 - a. Thoroughness of an independent peer review for scientific validity, all aspects of the trial are conducted according to the appropriate standards of scientific integrity.

- b. Review and approval by an Institutional Review Board (IRB),
 - c. Processes to identify, avoid and disclose conflicts of interest,
 - d. Policies prohibiting payment for patient recruitment beyond reasonable reimbursement for administrative costs incurred and
 - e. Policies that prohibit any actions intended to inappropriately influence the review process.
2. The IRB/institution has written policies to preclude investigators and team members directly responsible for patient selection in a clinical trial, the informed consent process and/or clinical management of a trial from any influence by material enrichment.
 - a. These policies shall include review, oversight and appropriate disclosure of potential conflicts of interest that may interfere with appropriate attention to patient care.
3. The institution shall have policies that would prohibit censorship of clinical trial results by the industry sponsor.
 - a. These policies prohibit the industry sponsor reviewer to change, amend or otherwise modify the published outcomes.
 - b. These policies prohibit industry sponsor influence on the clinical trial's publication.
4. Treatment is provided with therapeutic intent. Thus, a protocol of the study must show that the principle purpose of the trial is to test whether the intervention potentially improves the participants' health outcomes.
5. Treatment is being provided pursuant to an oncologic or malignant hematologic clinical trial sponsored or approved by one or more of the following:
 - a. One of the National Institutes of Health (NIH)
 - b. A NIH cooperative group, or a NIH center
 - c. At, or under the auspices of, an NCI designated Comprehensive Cancer Center
 - d. The Food and Drug Administration (FDA) in the form of an investigational new drug (IND) or new device (IDE) exemption
 - e. The Department of Defense (DOD)
 - f. The Department of Veterans Affairs (VA)
 - g. Health Care Financing Administration (HCFA)
 - h. Agency for Healthcare Research and Quality (AHRQ)
 - i. Centers for Disease Control (CDC)
 - j. A qualified non-governmental research entity as identified in guidelines issued by individual NIH Institutes for center support grants

6. The facility and personnel providing the treatment are capable of doing so by virtue of their experience or training.
7. The available clinical or pre-clinical data provide a reasonable expectation that the protocol treatment will be at least as efficacious as non-investigational therapy.
8. Coverage applies to therapeutic Phase II and Phase III trials meeting these criteria.
9. Coverage applies to those enrolled in deemed clinical trials. Patients receiving ad hoc investigational treatment are not covered under the terms of these guidelines.
10. The member has received full disclosure by the research sponsor or principal investigator about the trial, its potential risks and benefits, and other treatment options. In addition, the member has signed an informed consent agreement to participate in the clinical trial. Copies of pertinent documentation, including the trial protocol and the member's signed informed consent agreement, must be submitted to Priority Health to support the member's request for coverage. Priority Health will provide coverage for placebo care, including surgery, for members participating in double-blind studies.

B. Health Plan Discretion

1. Health plans may grant "deemed status" to investigators or institutions when it determines that the investigator or institution follows and is committed to the principles represented in this document.
2. Health plans may revoke "deemed status" to an investigator or institution when it determines that the investigator or institution has abused its privileges or violated principles represented in this document.
3. Clinical trials related to cancer prevention and/or performed at institutions not listed above may be covered outside the scope of this agreement by individual health plans according to their individual policies and procedures.

C. Costs Associated with Cancer Clinical Trials

Funding for cancer clinical trials, which covers the cost of protocol development and data collection traditionally comes from a variety of sources including pharmaceutical companies, research institutions and government agencies (referred to as "sponsors"). Support for patient care provided in cancer clinical trials is not generally included in this funding.

All and any services covered for any participant by the sponsor of the clinical trial are not covered by PH.

The five cost components of clinical trials are described below with financial liability outlined per this agreement:

1. The administrative costs of the study are borne by the sponsoring organizations and include:
 - a. Data gathering
 - b. Statistical study
 - c. Regulatory requirements
 - d. Contractual agreements
 - e. Meetings and travel
2. The routine patient care costs (conventional care) shall be provided by the patient's health plan.
 - a. Routine patient care costs are items or services that are typically covered benefits when provided outside a clinical trial.
 - b. "Routine" services include services that would be approved for coverage under this policy, even when delivered within the context of a clinical trial.
 - c. Health plans shall provide coverage for routine patient care costs incurred for drugs and devices provided to the member during the clinical trial provided that those drugs or devices have been approved for sale by the FDA, whether or not the FDA has approved the drug or device for use in treating the member's particular condition, and to the extent those drugs or devices are not provided or paid for by the sponsor of the clinical trial, or the manufacturer, distributor, or provider of that drug or device.
3. The costs associated in the delivery of the investigational agent shall be borne by the health plan.
 - a. Services required solely for the provision of the investigational item shall be provided in accordance with the benefits of the patient's health plan. Coverage would include procedures, drugs or devices approved for coverage for any medical indication.
 - b. The clinically appropriate monitoring of the effects of the item or service should be considered routine patient care costs.
 - c. The prevention of complications of the item or service should be considered routine patient care costs.
 - d. This coverage shall include payment for reasonable and medically necessary services necessary to administer the drug or use the device under evaluation in the clinical trial.
4. Costs incurred for patient care generated specifically by the cancer clinical trial shall be borne by the clinical trial sponsor.
 - a. Examples of these are costs for additional medication, laboratory studies, or diagnostic imaging.
 - b. The health plan's coverage of "routine costs" would *not* include non-FDA approved drugs or devices or unapproved medical procedures.



- c. Coverage would *not* include diagnostic tests that are performed for investigational purposes but not necessary for the patient's medical management. If the routine care item/service is not a covered benefit outside of the trial, it is not a covered benefit in association with the trial.
 - d. It would also *not* include services beyond the scope of the subscriber's contract.
 - e. Out of Plan services are not covered, unless approved in advance by the Plan.
 - f. Cost for travel and lodging is not covered.
 - g. Routine patient care costs and any related trial costs are not covered for healthy volunteers.
5. Costs of treating adverse side effects experienced during treatment should be borne by the health plan. The health plan would be expected to cover medical care needed to treat any complications arising from the investigational service, when the medical services provided are otherwise covered under the subscriber contract.
- a. It is recognized that while quality trials are designed with the utmost attention to patient safety, complications can occur when patients are participating in a clinical trial.
 - b. It is reasonable to expect that in the event of an adverse reaction, the payers' commitment to offer their member's treatment for any medically necessary treatment would apply.
- D. The following are not covered services:
1. Clinical trials and associated routine patient care costs for Phase I and Phase II treatment trials for other disease pathophysiology are not covered.
 2. Clinical trials and associated routine patient care costs for prevention trials, screening trials, diagnostic trials and quality of life trials are not covered.
 3. Cost for travel and lodging is not covered.
 4. Routine patient care costs and any related trial costs are not covered for healthy volunteers.

Depending on the type of clinical trial that a member may be enrolled in, the potential for case management services should be evaluated. Case or payment rates should be negotiated, and out of network payment agreements should be executed for care that is not contracted by the Plan.

Out of network services are not covered, unless approved in advance by the health plan.



III. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

Coverage for Self-funded Members — This policy does not apply to ASO/Self-funded plans.

IV. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule, the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--00.html will govern.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

V. CODING INFORMATION

ICD-9 Codes that may support medical necessity:

V70.7 Examination of participant in clinical trial
(Report on line items associated with the clinical trial)

CPT/HCPCS/Revenue Codes:

Reportable, no charge, no payment
0624 FDA investigational devices
0256 Experimental drugs

In facility settings, the appropriate CPT/HCPCS codes should be billed with the appropriate revenue center for the treatment service which is the subject of the clinical trial.

No charge should be reported, no payment will be made.

033x Radiology—Therapeutic and/or Chemotherapy Administration
034x Nuclear Medicine



036x Operating Room Services
051x Clinic
076x Treatment or Observation Room

The appropriate CPT/HCPCS codes should be billed for the treatment service which is subject of the clinical trial.

No charge should be reported, no payment will be made.

Explanatory notes must accompany claims billed with unlisted codes.

Not covered:

S9988 Services provided as part of a Phase I clinical trial
S9989 Services provided outside of the United States of America (list in addition to code(s) for services(s))
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
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

Special Note: This policy represents a *voluntary* cooperative effort of Michigan health plans, providers, and legislators.

Priority Health Operational Note: Authorizations entered for coverage under this *policy* must be pended for manual review to determine coverage of specific items as defined above.

VI. REFERENCES

Consensus Guidelines for Healthcare Coverage of Routine Patient Care costs Associated with Oncology Clinical Trials, Final Draft. Michigan Working Group to Improve Cancer Outcomes. 2001

AMA CPT Copyright Statement:

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.

APPENDIX A**ADVANCED CARE PLANNING ASSESSMENT**

Medical history and reason for referral:

Current mental status:

Patient's description of current physical/mental symptoms and rating of overall quality of life:

Current level of functioning (compared to baseline):

Description of patient's family/social support system and their involvement in patient's care and decision making:

Status of patient's advanced directives:

Status of patient's designation of durable power of attorney:

Patient's understanding of current disease status and overall prognosis:

Spiritual beliefs related to illness and death:

Patient's wishes/goals for remainder of life (quality of life vs. length of life; importance of physical comfort; how patient wishes to spend time, etc):

Medical care options discussed with patient:

Patient's preference, if stated, for medical care:

Family members' preferences, if stated, for patient's medical care