Policy	REIMB-005
Effective Date	**09/01/2024**
Reviewed/Revised Date	07/11/2024
Next Review Date	07/11/2026
Origination Date	07/01/2024
Originated Department	Medical Management

Clinical Trials

Audience
Medical Management, Claims

Purpose

Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.

Definition

Clinical trials are studies involving human volunteers (also called participants) that add to medical knowledge. Participants receive specific interventions according to a research protocol created by the trial investigators. These interventions may be medical devices, drugs, procedures, or changes to the participant's behavior. Clinical trials may compare a new medical approach to one already available, a placebo, or no intervention. They may also compare existing interventions to each other. Clinical trials aim to determine the safety and efficacy of interventions.

Policy/Procedure

Mountain Health Co-Op Health Plans provides comprehensive coverage for medically necessary routine patient care costs in qualified clinical trials*, in line with Centers for Medicare & Medicaid Services (CMS) policy and the Patient Protection and Affordable Care Act (PPACA) requirements. All of the following limitations apply to coverage:

A. All applicable plan limitations for coverage of out-of-network care will apply to routine patient care costs in clinical trials and
B. All utilization management rules and coverage policies that apply to routine care for members not in clinical trials will also apply to routine patient care for members in clinical trials and
C. Members must meet all applicable plan requirements for precertification, registration, and referrals; and
D. To qualify, a clinical trial must have a written protocol that describes a scientifically sound study and has been approved by all relevant institutional review boards (IRBs) before participants are enrolled. Providers will not routinely be required to submit documentation about the trial; however, Mountain Health Co-Op Plans may request such documentation at any time to confirm that the clinical trial meets current standards for scientific merit and has the relevant IRB approval(s).

Mountain Health Co-Op Health Plans covers the costs of medically necessary treatments for conditions that result in unexpected consequences (complications) of clinical trials. Mountain Health Co-Op Health Plans does NOT cover ALL the following clinical trial costs:

A. Items and services provided by the trial sponsor without charge;
B. Costs of collecting data, record-keeping, or other services to clinical trial participants solely to satisfy data collection needs of the clinical trial (i.e., "protocol-induced costs");
C. The experimental intervention itself (except medically necessary Category B investigational devices and promising experimental and investigational interventions for terminal illnesses in specific clinical trials);
D. Travel, lodging, and meals.

Approved Clinical Trials are defined as:

An approved clinical trial, as defined in the statute, is a phase I, II, III, or IV clinical trial that relates to the prevention, detection, or treatment of cancer or other life-threatening diseases that also satisfies one of three requirements:

1. *The trial is federally funded;*
2. *The trial is conducted under an investigational new drug (IND) application; or*
3. *The trial is exempt from such an investigational new drug application.*

To qualify under the "Federally funded" requirement, the trial must be one of the following entities:

1. *The National Institutes of Health (NIH) – which includes the National Cancer Institute (NCI)*
2. *The Centers for Disease Control and Prevention (CDC);*
3. *The Agency for Healthcare Research and Quality (AHRQ);*
4. *The Centers for Medicare & Medicaid Services (CMS);*

5. *A cooperative group or a center of any of the following: NIH, CDC, AHRQ, CMS, Department of Defense (DOD), or Department of Veterans Affairs (VA);*
6. *A qualified non-governmental research entity identified in the guidelines issued by NIH for center support grants;*
7. *Clinical trials performed by the VA, DOD, or Department of Energy (DOE) are covered if specific additional criteria are met.*

Clinical Rationale

Category B Devices:

As determined by the FDA, non-experimental and 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 specific FDA-designated Category B Devices are covered.

To be covered, all of the following criteria must be met:

1. The device must be used within the context of an FDA-approved clinical trial;
2. The device must be used according to the clinical trial's approved protocols;
3. Must fall under a covered benefit category and must not be excluded by law, regulation, or current Medicare coverage guidelines;
4. The device is medically necessary for the member, and the amount, duration, and frequency of use or application of the service is medically appropriate;
5. The device is furnished in a setting appropriate to the member's medical needs and condition.

In a case series with historical controls, Nipp et al. (2016) implemented a cancer care equity program (CCEP) to address the financial burden of trial participation. Linear regression models compared trial enrollment before and after the CCEP. Patient characteristics were compared before and after the CCEP and between CCEP and non-CCEP participants. CCEP and non-CCEP participants were surveyed to compare pre-enrollment financial barriers. After accounting for increased trial availability and the trends in accrual for prior years, the authors found that enrollment increased after CCEP implementation (18.97 participants per month, more significant than expected; $p < .001$). A greater proportion of CCEP participants were younger, female, in phase I trials, lived farther away, had lower incomes, and had metastatic disease. Of 87 participants who completed the financial barriers survey, 49 CCEP and 38 matched non-CCEP participants responded (63% response rate). CCEP participants were more likely to report concerns regarding finances (56% vs. 11%), medical costs (47% vs. 14%), travel (69% vs. 11%), lodging (60% vs. 9%), and insurance coverage (43% vs. 14%) related to trial participation (all $p < .01$). Since there were several limitations to the study, the authors could not definitively conclude that the intervention was responsible for the increase in clinical trial enrollment. Changes in the patient population enrolling in trials (e.g., younger patients, those with metastatic disease, and those seeking phase I studies) may have contributed to, rather than resulted from, the increase associated with CCEP. Other factors, including increased awareness about the importance of clinical trials, the emergence of novel

drug targets, and improved infrastructure for pursuing clinical trials in the cancer center, likely also contributed to the increase. The authors could not explain the exact mechanism by which the CCEP might have increased clinical trial enrollment, nor could they determine if the program reduced financial distress. The limitations of the study included a single academic institution with a distinct patient population, and it may not apply to a more general cancer clinical trial population. In conclusion, the authors found that financial concerns represent a significant barrier to patient participation in clinical trials and emphasize the importance of efforts to address these concerns.

In 2019, Nipp et al. further noted financial burdens as barriers to clinical trial enrollment. Patient populations with historically lower financial resources are often underrepresented in cancer clinical trials. Disparities in clinical trial enrollment can contribute to a lack of data about the impact of therapies and disparities in care. The authors concluded that few practical solutions have emerged to prevent and alleviate the financial burden of clinical trial participation. Also, evidence to support efforts to address economic concerns associated with clinical trial participation is lacking to enhance clinical trial enrollment and retention.

A 2021 cross-sectional study (Huey et al.) surveyed economic burden and financial toxicity in patients with cancer enrolled in phase I clinical trials for > 1 month. The financial toxicity score was assessed using the Comprehensive Score for Financial Toxicity (COST) survey. Patients also reported monthly out-of-pocket (OOP) costs. Two hundred thirteen patients completed the study (72% non-Hispanic White; 45% with annual income ≤ $60,000; 50% lived > 300 miles from the clinic; 37% required air travel). Forty-eight percent of patients had monthly OOP costs of at least $1,000. Fifty-five percent and 64% of patients reported unanticipated medical and nonmedical expenses, respectively. Worse financial toxicity was associated with yearly household income <
$60,000 (odds ratio [OR]: 2.7; p = .008), having unanticipated medical costs (OR: 3.2; p = .024), and living > 100 miles away from the clinical trial hospital (OR: 2.3; p = .043). Non-White or Hispanic patients (OR: 2.5; p = .011) and patients who were unemployed or not working outside the home (OR: 2.5; p = .016) were likelier to report high unanticipated medical costs. The authors concluded that among patients with cancer participating in clinical trials, the economic burden is high, and most of the patients' OOP costs were nonmedical costs. Financial toxicity was disproportionally higher in patients with lower income, further distance to travel, unexpected medical costs, and more common among non-White or Hispanic patients. However, the study was limited by a single-center setting and a lack of assessment of patients who may have been deterred from clinical trial enrollment due to concerns about financial toxicity.

In a 2018 American Society of Clinical Oncology (ASCO) policy statement, the ASCO Health Disparities Committee prioritized the development of a set of recommendations to address the financial barriers to clinical trial participation in the cancer setting. These recommendations broadly address the following key areas:

1. Improving the policy environment for coverage of clinical trials;
2. Facilitating transparency among providers, patients, and payers for trial-related out-of-pocket costs;

3. Refuting the specter of inducement to enable targeted financial support for patients and
4. Improving the available data on the costs of cancer clinical trials.

FDA approval alone is not a basis for coverage. The FDA does not conduct clinical trials but provides oversight for some human drugs, biological products, and device trials. The FDA also requires specific clinical trials to be registered in the ClinicalTrials.gov database.

Applicable Coding

Modifiers

Not covered

Q0 Investigational clinical service provided in a clinical research study that is in an approved clinical research study

Possibly Covered

Q1 Routine clinical service provided in a clinical research study that is in an approved clinical research study

CPT Codes

No applicable codes

HCPCS Codes

No applicable codes

ICD-10 Codes

Z00.6 Encounter for examination for normal comparison and control in a clinical research program

References

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Vendors
• Health Plan Services (HPS)

Review/Revision/Approval History	
Date	Description
07/01/2024	**New Policy**

Disclaimer
This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and

treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.
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es the right to amend these policies and give notice per State and Federal requirements.