UnitedHealthcare Community Plan

New Reimbursement Policies and Changes to Existing Reimbursement Policies

Effective for dates of service on or after May 18, 2013, UnitedHealthcare Community Plan will introduce the following policies:

- Lupron Policy
- Oncology Medication Clinical Coverage Policy
- Vaccines for Children (VFC) **See separate Provider Notification Document*

Effective for claims processed on or after May 26, 2013, UnitedHealthcare Community Plan will make changes to these existing policies:

- Viral Hepatitis Serology Testing Policy
- IVIG Policy

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Note: State regulations and contract requirements supersede specific policy language.

New Reimbursement Policies

Lupron Policy *(*This policy is not intended to address oncology-related uses for Lupron.)*
This policy refers to the following leuprolide acetate drug products:

- Lupron Depot
- Lupron Depot-Ped

Leuprolide acetate is **proven** for:

1. **Central precocious puberty (CPP):** For children diagnosed with CPP, the following criteria must be met:
    a) Onset of secondary sexual characteristics in one of the following:
        i. Earlier than age eight in females
        ii. Earlier than age nine in males
    b) Clinical diagnosis of CPP (idiopathic or neurogenic) should be confirmed prior to initiation of therapy by **one** of the following:
        i. Pubertal response to a gonadotropin releasing hormone (GnRH) stimulation test.
        ii. Bone age advanced one year beyond the chronological age.

    The leuprolide acetate label states that treatment should be discontinued at the appropriate age of onset of puberty at the discretion of the physician.

2. **Endometriosis:** Leuprolide acetate is indicated for the management of endometriosis, including pain relief and reduction of endometriotic lesions. The leuprolide acetate label states that the duration of initial treatment or retreatment for endometriosis should be limited to six months.

3. **Uterine leiomyomata (fibroids):** Leuprolide acetate, concomitantly with iron therapy, is indicated for the preoperative hematologic improvement of patients with anemia caused by uterine leiomyomata. The clinician may wish to consider a one month trial period on iron alone.

Leuprolide acetate may be added if the response to iron alone is considered inadequate. The leuprolide acetate label states that the recommended duration of therapy for uterine leiomyomata is up to three months. Leuprolide acetate may also be used preoperatively to reduce the size of uterine fibroids to allow for a vaginal procedure (e.g., myomectomy and hysterectomy).

Oncology Medication Clinical Coverage Policy
This policy provides parameters for coverage of injectable oncology medications (J9000 - J9999) covered under the medical benefit based on the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium™. The compendium lists the appropriate drugs and biologics for specific cancers using U.S. Food and Drug Administration (FDA)-approved disease indications and specific NCCN panel recommendations.

Coverage Rationale
UnitedHealthcare Community Plan recognizes indications and uses of injectable oncology medications listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence and Consensus of 1, 2A, and 2B as proven, and Categories of Evidence and Consensus of 3 as unproven.

Note that UnitedHealthcare Community Plan will cover all chemotherapy agents for individuals under the age 19. Most pediatric patients receive treatments on national pediatric protocols that are similar to the NCCN patient care guidelines.

NCCN Categories of Evidence and Consensus include:
- **Category 1**: The recommendation is based on high-level evidence (i.e., randomized clinical trials or meta-analyses), and the panel reaching uniform consensus that the recommendation is indicated. In this context, "uniform" means near unanimous positive support.
- **Category 2A**: The recommendation is based on lower level evidence, yet despite the absence of high-level studies, there is uniform consensus that the recommendation is appropriate. Lower level evidence is interpreted broadly, and runs the gamut from phase II to large cohort studies to case series to individual practitioner experience. It is understood that these recommendations will be superseded when higher level evidence becomes available or when outcomes-based information becomes more prevalent.
- **Category 2B**: The recommendation is based on lower level evidence, and there is non-uniform consensus that the recommendation should be made. In these instances, because the evidence is not conclusive, institutions take different approaches to the management of a particular scenario. This non-uniform consensus does not represent a major disagreement, rather it recognizes that given imperfect information, institutions may adopt different approaches.
- **Category 3**: The recommendation has caused a major disagreement among the panel members. For instance, if substantial data exists regarding two interventions but they have never been compared in a randomized trial, supporters to one set of data may not accept the other side's results. Another example is when experts disagree about how trial data can be generalized. A Category 3 designation directs users to the manuscript for an explanation of the controversy.

Additional Information
The NCCN Clinical Practice Guidelines in Oncology™ documents patient management recommendations for malignancies that affect about 97 percent of patients with cancer. They also address supportive care issues. The guidelines were developed and updated by 44 individual panels, composed of more than 800 clinicians and oncology researchers from the 21 NCCN member institutions and their affiliates.

Changes to Existing Reimbursement Policies

Viral Hepatitis Serology Testing Policy
There will be an updated diagnosis list for this policy, including both added and deleted diagnosis codes. The new codes will be effective for claims processed on or after **May 26, 2013**.

IVIG Policy
There will be an updated diagnosis list for this policy, including deleted diagnosis codes. The new codes will be effective for claims processed on or after **May 26, 2013**.

Note Regarding Reimbursement Policies

Unless otherwise noted below, these reimbursement policies apply to services reported using the 1500 Health Insurance Claim Form (CMS-1500), its electronic equivalent or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to members. Other policies found in the member's benefit plan contract, UnitedHealthcare Community Plan medical policies, and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide also apply. Meeting the terms of a reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy only affects the specific policy being retired, and retirement is not a guarantee of payment. Other reimbursement policies, medical policies and claims edits still apply.

Once these policy updates are in effect, they may be viewed at UHCCommunityPlan.com > Find Plans By State (click on the appropriate state) > If you are a Health Professional > Reimbursement Policies.

In the event of an inconsistency or conflict between the information provided here and the posted policy, the provisions of the posted reimbursement policy will prevail.

If you have any questions please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits. Thank you.