

Interferon

Policy Number	INF11202013RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	11/20/2013
----------------------	---------------	--------------------	--	------------------------------	------------

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

*CPT copyright 2010 (or such other date of publication of CPT) American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Proprietary information of UnitedHealthcare. Copyright 2014 United HealthCare Services, Inc.

Table of Contents

Application	1
Summary	2
Overview	2
Reimbursement Guidelines	2
CPT/HCPSC Codes	3
References Included (but not limited to):	3
CMS LCD(s)	3
CMS Article(s)	3
CMS Benefit Policy Manual	3
CMS Claims Processing Manual	3
UnitedHealthcare Medicare Advantage Coverage Summaries	3
UnitedHealthcare Reimbursement Policies	3
Others	3
History	4

Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPSC/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take

Interferon

precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Interferons are naturally occurring small proteins with both antiviral and antiproliferative properties. Interferons exert their cellular effects by binding to specific membrane receptors on the cell surface and subsequently initiate a complex sequence of intracellular events.

Interferon alfacon-1 is a recombinant non-naturally occurring type-1 interferon. Interferon alfa-2B is sterile protein product produced by recombinant DNA techniques. The exact mechanism of action is unknown, but appears to involve direct antiproliferative action against tumor cells or viral cells to inhibit replication, modulation of the host immune response by enhancing the phagocytic activity of macrophages, and augmentation of specific cytotoxicity of lymphocytes for target cells.

Alfa-N3 is a naturally occurring antiviral agent derived from human leukocytes. It attaches to membrane receptors and causes cellular changes, including increased protein synthesis. Gamma-1B, a biological response modifier, is a single-chain polypeptide containing 140 amino acids.

Reimbursement Guidelines

Interferon beta-1a (Q3025)

Medicare will consider the administration of Interferon beta-1a medically reasonable and necessary for the following indication: multiple sclerosis.

Interferon alfacon-1 (J9212)

Medicare will consider the administration of Interferon alfacon-1 medically reasonable and necessary for the following indications: chronic hepatitis C and hairy cell leukemia.

Interferon alfa-2B (J9214)

Medicare will consider the administration of Interferon Alfa-2B medically reasonable and necessary for the following indications: acute or chronic hepatitis C, chronic hepatitis B, condylomata acuminata, hairy cell leukemia, malignant melanoma, AIDS-related Kaposi's sarcoma, head and neck cancer, bladder cancer, brain cancer, carcinoid syndrome, chronic lymphocytic leukemia, chronic myelocytic leukemia, cutaneous T-cell lymphoma, esophageal cancer, renal cancer, multiple myeloma, non-Hodgkin's lymphoma, mycosis fungoides, essential thrombocytosis, essential thrombocythemia, osteosarcoma, ovarian cancer, pancreatic cancer, skin cancer, colorectal cancer, polycythemia vera, and laryngeal papillomatosis.

Medicare will consider the administration of Interferon Alfa-2B medically necessary for the off-label indication of peritoneum cancer.

Interferon alfa-N3 (J9215)

Medicare will consider the administration of Interferon alfa-N3 medically reasonable and necessary for the following indications: chronic hepatitis C, condylomata acuminata, hairy cell leukemia, malignant melanoma, AIDS-related Kaposi's sarcoma, bladder cancer, carcinoid syndrome, chronic myelocytic leukemia, renal cancer, multiple meyloma, non-Hodgkin's lymphoma, mycosis fungoides, essential thrombocytosis, ovarian cancer, and laryngeal papillomatosis.

Medicare will consider the administration of Interferon alfa-N3 medically necessary for the off-label indication

Interferon

of peritoneum cancer.

Interferon gamma-1B (J9216)

Medicare will consider the administration of Interferon gamma-1B medically reasonable and necessary for the following indications: chronic granulomatous disease.

Limitations:

The self-administration of Interferons alfacon-1, alfa-2B, alfa-N3, and gamma-1B are **noncovered** by Medicare.

CPT/HCPCS Codes

Code	Description
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU
J9216	Injection, interferon, gamma 1-b, 3 million units
Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use (Expired 12/31/13 replacement code- Q3027)
Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use (Invalid) (Expired 12/31/13 replacement code- Q3028)
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use (Effective 01/01/2014)
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use (Invalid) (Effective 01/01/2014)

References Included (but not limited to):

CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous Articles

CMS Benefit Policy Manual

Chapter 15; § 50 Drugs and Biologicals

CMS Claims Processing Manual

Chapter 17; § 40 Discarded Drugs and Biologicals

Chapter 32 Billing Requirements for Special Services

UnitedHealthcare Medicare Advantage Coverage Summaries

Chemotherapy, and Associated Drugs and Treatments

Medications/Drugs (Outpatient/Part B)

UnitedHealthcare Reimbursement Policies

Coverage for Drugs and Biologicals for Label and Off-Label Uses

Self Administered Drug(s)

Others

CGS Coding, CMS Website

NCCN Drugs & Biologics Compendium, National Comprehensive Cancer Network Website

Medicare Program Integrity Manual, Chapter 13 Local Coverage Determinations § 13.5.1 Reasonable and Necessary Provisions in LCDs

Social Security Act (Title XVIII) Standard References, Sections:

- 1862(a)(1)(A) Medically Reasonable & Necessary
- 1862(a)(1)(D) Investigational or Experimental
- 1833(e) Incomplete Claim
- 1861(t) (1) Drugs and Biologicals

Interferon

History

Date	Revisions
09/09/2014	Removed liability modifier references
01/08/2014	<p>The following changes were made:</p> <ul style="list-style-type: none"> • Q3025 (Expired 12/31/13 replacement code- Q3027) • Q3026 (Expired 12/31/13 replacement code- Q3028) • Q3027 (Effective 01/01/2014) • Q3028 (Effective 01/01/2014)
11/20/2013	Policy created and taken to MRPC for approval