

L-Dopa (NCD 160.17)

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| Policy Number | 160.17 | Approved By | UnitedHealthcare Medicare Reimbursement Policy Committee | Current Approval Date | 10/22/2014 |
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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.

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

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Summary

Overview

Levodopa is used in the treatment of Parkinson's disease. Parkinson's disease is believed to be caused by low levels of dopamine in certain parts of the brain. When levodopa is taken orally, it crosses into the brain through the "blood- brain barrier." Once it crosses, it is converted to dopamine.

Reimbursement Guidelines

A. Part A Payment for L-Dopa and Associated Inpatient Hospital Services

A hospital stay and related ancillary services for the administration of L-Dopa are covered if medically required for this purpose. Whether a drug represents an allowable inpatient hospital cost during such stay depends on whether it meets the definition of a drug in §1861(t) of the Act; i.e., on its inclusion in the compendia named in the Act or approval by the hospital's pharmacy and drug therapeutics (P&DT) or equivalent committee. (Levodopa (L-Dopa) has been favorably evaluated for the treatment of Parkinsonism by A.M.A. Drug Evaluations, First Edition 1971, the replacement compendia for "New Drugs.")

Inpatient hospital services are frequently not required in many cases when L-Dopa therapy is initiated. Therefore, determine the medical need for inpatient hospital services on the basis of medical facts in the individual case. It is not necessary to hospitalize the typical, well-functioning, ambulatory Parkinsonian patient who has no concurrent disease at the start of L-Dopa treatment. It is reasonable to provide inpatient hospital services for Parkinsonian patients with concurrent diseases, particularly of the cardiovascular, gastrointestinal, and neuropsychiatric systems. Although many patients require hospitalization for a period of under 2 weeks, a 4-week period of inpatient care is not unreasonable.

Laboratory tests in connection with the administration of L-Dopa - The tests medically warranted in connection with the achievement of optimal dosage and the control of the side effects of L-Dopa include a complete blood count, liver function tests such as SGOT, SGPT, and/or alkaline phosphatase, BUN or creatinine and urinalysis, blood sugar, and electrocardiogram.

Whether or not the patient is hospitalized, laboratory tests in certain cases are reasonable at weekly intervals although some physicians prefer to perform the tests much less frequently.

Physical therapy furnished in connection with administration of L-Dopa - Where, following administration of the drug, the patient experiences a reduction of rigidity which permits the reestablishment of a restorative goal for him/her, physical therapy services required to enable him/her to achieve this goal are payable provided they require the skills of a qualified physical therapist and are furnished by or under the supervision of such a therapist. However, once the individual's restoration potential has been achieved, the services required to maintain him/her at this level do not generally require the skills of a qualified physical therapist. In such situations, the role of the therapist is to evaluate the patient's needs in consultation with his/her physician and design a program of exercise appropriate to the capacity and tolerance of the patient and treatment objectives of the physician, leaving to others the actual carrying out of the program. While the evaluative services rendered by a qualified physical therapist are payable as physical therapy, services furnished by others in connection with the carrying out of the maintenance program established by the therapist are not.

B. Part A Reimbursement for L-Dopa Therapy in Skilled Nursing Facilities (SNFs)

Initiation of L-Dopa therapy can be appropriately carried out in the SNF setting, applying the same guidelines used for initiation of L-Dopa therapy in the hospital, including the types of patients who should be covered for inpatient services, the role of physical therapy, and the use of laboratory tests. (See subsection A.)

Where inpatient care is required and L-Dopa therapy is initiated in the SNF, limit the stay to a maximum of

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4 weeks; but in many cases the need may be no longer than 1 or 2 weeks, depending upon the patient's condition. However, where L-Dopa therapy is begun in the hospital and the patient is transferred to an SNF for continuation of the therapy, a combined length of stay in hospital and SNF of no longer than 4 weeks is reasonable (i.e., 1 week hospital stay followed by 3 weeks SNF stay; or 2 weeks hospital stay followed by 2 weeks SNF stay; etc.). Medical need must be demonstrated in cases where the combined length of stay in hospital and SNF is longer than 4 weeks. The choice of hospital or SNF, and the decision regarding the relative length of time spent in each, should be left to the medical judgment of the treating physician.

C. L-Dopa Coverage Under Part B

Part B reimbursement may not be made for the drug L-Dopa since it is a self-administrable drug. However, physician services rendered in connection with its administration and control of its side effects are covered if determined to be reasonable and necessary. Initiation of L-Dopa therapy on an outpatient basis is possible in most cases. Visit frequency ranging from every week to every 2 or 3 months is acceptable. However, after half a year of therapy, visits more frequent than every month would usually not be reasonable.

CPT/HCPCS Codes

| Code | Description |
|-------|------------------------|
| J3490 | Unclassified Drugs |
| J3590 | Unclassified Biologics |

References Included (but not limited to):

CMS National Coverage Determinations NCD

NCD 160.17 L-Dopa

CMS Benefit Policy Manual

Chapter 1; § 30 Drugs and Biologicals

Chapter 6; § 20.4.1 Diagnostic Services Defined

Chapter 8; § 50.5 Drugs and Biologicals

CMS Claims Processing Manual

Chapter 32; § 50 Deep Brain Stimulations for Essential Tremor and Parkinson's Disease

UnitedHealthcare Medicare Advantage Coverage Summaries

Deep Brain Stimulation for Essential Tremor and Parkinson's Disease

Medications/Drugs (Outpatient/Part B)

History

| Date | Revisions |
|------------|---------------|
| 10/22/2014 | Annual Review |
| 07/24/2013 | Annual Review |
| 03/28/2012 | No changes |