

Policy Number: CP-IFP20-001A

Original Effective Date: January 1, 2021  
 Last Review Date: October 1, 2025

## Coverage for Routine Costs For Members Participating in Clinical Trials

*UCare does not discriminate against or deny UCare members from participating in approved clinical trials.*

### DISCLAIMER

*Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.*

*These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.*

*Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.*

*Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.*

*Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.*

### Product Summary

This coverage policy applies to the following UCare products:

UCare Product	Applies To
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

### Benefit category:

Eligible services will be covered under the applicable benefit categories as outlined in the benefits chart of the member plan document.

## Coverage policy

### Covered

The following conditions apply to UCare members who qualify to participate in an approved clinical trial.

**Routine patient costs** are covered for **qualified individuals** when provided in **approved clinical trials** for the treatment of **cancer or other life-threatening conditions**

- A **qualified individual** is a UCare member who has **cancer OR a life-threatening condition**
  - **Life Threatening Condition**
    - Any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted

**Qualified Individual (member eligibility) UCare member is eligible if**

- the individual's participation in the trial would be appropriate based upon the trial conditions

### Eligible Routine Patient Costs

- All items and services consistent with coverage provided for a qualified individual who is not enrolled in a clinical trial

### Approved Clinical Trial

Phase I, Phase II, Phase III, or Phase IV clinical trial or drug trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition, and is not designed exclusively to test toxicity or disease pathophysiology and must be:

- conducted under an investigational new drug application reviewed by the United States Food and Drug Administration (FDA);
- exempt from obtaining an investigational new drug application;

OR

### Federally Funded

Study or investigation is approved or funded by one or more of the following:

1. National Institutes of Health
2. Centers for Disease Control and Prevention
3. Agency for Health Care Research and Quality
4. Centers for Medicare & Medicaid Service
5. Cooperative group or center of any of the entities described above
6. Department of Defense
7. Department of Veterans Affairs or Energy
  - a. as long as the study or investigation has been reviewed and approved through a system of peer review that is determined by the Secretary of Health and Human Services to meet both of the following criteria:
    - i. Comparable to the system of peer review of studies and investigations used by the National Institutes of Health, AND
    - ii. Ensures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review
8. A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants

**Routine Patient Costs do not include:**

- Investigational item, device, or service that is part of the trial

**OR**

- Items and services provided solely to satisfy data collection and analysis needs, and are not used in direct clinical management of the patient;

**OR**

- A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

### CPT/ HCPCS/ICD-10 Codes

*\*Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
	Q0	Investigational clinical service provided in a clinical research study that is in an approved clinical research study
	Q1	Routine clinical service provided in a clinical research study that is in an approved clinical research study.
	Z00.6	Encounter for examination for normal comparison and control in clinical research program

\*CPT is a registered trademark of the American Medical Association.

### Prior authorization

**Not required.**

### Related policies and documentation

*References to other policies or documentation that may be relevant to this policy*

Policy Number	Policy Description
NCD 310.1	National Coverage Determination (NCD) for Routine Costs in Clinical Trials

### References and source documents

*Links to the Ucare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy*

[Individual & Family Plan Member Contract](#)

[Minnesota Statute 62Q.526](#)

[Affordable Care Act Reference number](#)

<https://www.clinicaltrials.gov/ct2/about-studies/glossary>

### Coverage policy development and revision history

Version	Date	Note (s)
V1	Jan 1, 2021	New policy
	Dec. 14, 2021	Annual review; no changes
	Nov.30, 2022	Annual review; no changes
	Oct 20, 2023	Annual review: added investigational items, devices, services included as part of trial not included in routine costs.
	Oct 5, 2024	Annual review; no substantive changes.
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1, 2025	Annual Review any updates that align with 2026 contract