

# Clinical Policy: Experimental Technologies

Reference Number: PA.CP.MP.36

Effective Date: 09/18

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Revision Log

## Description

This policy outlines general guidelines to use in determining coverage of experimental or investigational, or potentially experimental or investigational medical and behavioral health technologies. These guidelines are to be used only when there is no other policy, criteria, or coverage statement, as it allows the Plan to control costs. PHW will not supersede the PA State Fee Schedule determination (i.e. if an item is determined non experimental and paid for on the state MA fee Schedule it is part of the benefit plan and the item will be reimbursed at least at that rate.)

*Note: For coverage of routine costs as part of a clinical trial, please refer to PA.CP.MP.94 Clinical Trials.*

## Policy

It is the policy of PA Health & Wellness<sup>®</sup> (PHW) that all coverage determinations regarding technologies (i.e., drugs, procedures, devices, services, or supplies) that are or may be considered experimental or investigational must be considered on a case-by-case basis by a physician or ad hoc committee and must be made in accordance with the Benefit Plan Contract provisions and applicable state and federal requirements.

A technology is considered experimental or investigational if it meets any of the following criteria:

- A. It is currently the subject of active and credible evaluation (e.g., clinical trials or research) to determine:
  - 1. Clinical efficacy, *or*
  - 2. Therapeutic value or beneficial effects on health outcomes, *or*
  - 3. Benefits beyond any established medical based alternatives.
- B. It does not have final clearance from applicable governmental regulatory bodies (such as the US Food and Drug Administration "FDA") and unrestricted market approval for use in the treatment of a specified medical condition or the condition for which authorization of the service is requested and is the subject of an active and credible evaluation.
- C. The most recent peer-reviewed scientific studies published or accepted for publication by nationally recognized medical journals do not conclude, or are inconclusive in finding, that the service is safe and effective for the treatment of the condition for which authorization of the service is requested.

Under no circumstances is this policy to be construed as an acknowledgement or acceptance by PHW of any obligation to cover experimental or investigational technologies where such technologies are not included in the benefits set forth in the Benefit Plan Contract or by applicable state and federal requirements. The Plan reserves the right to refuse coverage of an experimental or investigational technology on the grounds that such coverage is not required under the member's benefit plan. Approval of an experimental technology with respect to a

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particular case does not guarantee coverage of the same technology with respect to any other cases.

#### Criteria

The criteria listed below should be weighed when evaluating the medical necessity of a technology that is or may be experimental or investigational. Where medical necessity of a technology is confirmed under this policy, steps should be taken to ensure that the technology is furnished by a participating or in-state provider to the extent possible.

- A. The technology should have final approval from appropriate governmental regulatory bodies. Regulatory bodies include the U.S. Food and Drug Administration (FDA) or any other governmental body with authority to regulate the technology. The indication for the technology under review does not need to be the same indication for which the technology has been approved.
- B. At least two studies published in peer-reviewed medical literature should be available that would support conclusions regarding the effect of the technology and its likely net health impact. Such studies must, by the standards of accepted medical research, be well-designed and well-conducted investigations yielding quality and consistent results, and the results of such studies should demonstrate the effect the technology will have on the disease, injury, illness, or condition in question.

The opinions and evaluations of national medical associations, consensus panels, and other technology evaluation bodies, or other specialists or professionals who are subject matter experts with respect to the technology, may be taken into consideration according to the scientific quality of the supporting evidence and rationale for such opinions and evaluations.

- C. The technology should be used to improve net health outcome of a severely disabling or life-threatening condition. The health benefits of the technology must outweigh any harmful effects or risks to the member.
- D. Other established treatment alternatives to the technology should have been exhausted and failed or no established treatment exists.
- E. The improvement to be gained by employing the technology should be attainable outside the control setting (i.e., in practice).
- F. In the case of diagnostic procedures, it is anticipated that the results of the procedure will help determine the best plan of care. There must be some potential intervention or alteration to the current plan of care based on the diagnostic results.
- G. The member fully understands the risks and benefits regarding the requested technology or treatment and has given informed consent.

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
Develop Pennsylvania policy, adapted from Centene Clinical policy		09/18
References reviewed	11/19	
References reviewed and revised. Added note: For clinical trials, refer to PA.CP.MP.94 Clinical Trials. Removed duplicative statement in Criteria A. regarding request for clinical trials. References reviewed and updated. Replaced all instances of member with “member/enrollee.”	6/2021	
Annual review. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.” References reviewed, updated and reformatted.	8/31/2022	

**References**

1. Bischel, MD. Medical review criteria guidelines for managing care. 12th edition. Apollo Managed Care Consultants. 2013.
2. Local coverage determination: Category III codes (L35490). Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Published October 1, 2015 (revised January 1, 2022). Accessed January 20, 2022.
3. Steinberg, EP, Tunis, S, Shapiro, D. Insurance coverage for experimental technologies. *Health Aff (Millwood)*. 1995;14(4):143-158. doi:10.1377/hlthaff.14.4.143