

MARYLAND MEDICARE PART A

Policy No: 96-07

Topic: Proleukin (Aldesleukin)

Beginning Effective Date

October 12, 1996

Ending Effective Date

Not applicable at this time.

Description:

Proleukin is a form of human interleukin-2 produced by recombinant DNA techniques to treat metastatic renal cell carcinoma and melanoma.

Policy Type

Local Medical Review Policy

Indications and Limitations of Coverage and/or Medical Necessity

- Proleukin should be administered only to carefully selected patients with metastatic renal cell carcinoma and melanoma since these are the two major diseases in which responses have been specifically documented.
- Patients receiving Proleukin must have normal cardiac and pulmonary functions as defined by thallium stress testing and formal pulmonary function testing.
- Adverse reactions to Proleukin injection treatments are frequent, often serious, and sometimes fatal.
- It is normally administered only in an inpatient setting under the supervision of a qualified oncologist. The hospital must have an intensive care unit with intensive care specialists available. However, current studies are available showing the efficiency of the drug when administered in a lower dose via subcutaneous injection in outpatient settings.

HCPCS Section/Benefit Category

HCPCS Level II Code

Type of Bill

Not determined at the time the policy was developed.

Revenue Code(s)

636

HCPCS Code(s):

J9270

ICD-9-CM Codes That Support Medical Necessity:

Specific ICD-9-CM codes should reflect the patient's condition.

Non-covered ICD-9-CM Code(s)

ICD-9-CM codes that do not reflect the patient's medical condition.

HCFA National Policy

- Establishment of national policy supercedes all previous contractor policy statements, including Local Medical Policy coverage guidelines.
- Title XVIII of the Social Security act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Reasons for Denial

- The service does not follow the guidelines of this policy.
- The medical record does not verify that the service described by the HCPCS code was provided.
- Lack of supporting documentation in the medical record to reflect the medical necessity for the performance of this procedure will result in denial of the service.

Sources of Information

TrailBlazer Health Enterprises, Inc.

Medical Policy Committee BC&BS of MD

Coding Guidelines

- To report this service use the appropriate HCPCS code.
- Diagnosis(es) must be present on any claim submitted, and must be coded to the highest level of specificity.

Documentation Requirements

- Documentation requirements are history, physical, office records, and laboratory reports.
- To report these services, use the appropriate HCPCS code.
- Documentation supporting the medical necessity for this procedure should be legible, maintained in the patient's medical record, and available to Medicare upon request. All supporting documentation should be supplied when medical records are requested.
- Not included at the time this policy was developed.

Comments

This policy does not reflect the sole opinion of the intermediary, carrier, or Intermediary/Carrier Medical Directors. Although the final decision rests with the intermediary/carrier, this policy was developed in cooperation with the Carrier Advisory Committee (CAC), which includes representatives from the appropriate specialties.

Start Date of Comment Period

Start Date of Notice Period

September 12, 1996

Revision Date

Revision Number

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE AT NO-COST FROM OUR WEBSITE AT

www.marylandmedicare.com

©CPT American Medical Association. CPT codes and descriptions only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS apply.