

## Clinical Trial Participation

**Description**

A research study for the safe and effective prevention, diagnosis or treatment of a disease or condition. A clinical trial is the scientific evaluation of a new or emerging drug, vaccine, device, diagnostic or screening procedure, medical or behavioral treatment or procedure or surgical procedure.

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- [Commercial](#)
- [Government Programs](#)
- [Individual and Family Business \(IFB\)](#)

**Document history**

The document history for the past 12 months is outlined below.

Date	Description
9.1.24	Updated to new template.

Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Clinical Trials (Clinical Trial Participation)</i> (MP9447), applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote benefits for the service provided (such as office visit or imaging).</li><li>• For investigative indications, not covered.</li><li>• <b>Note:</b> Check the policy for the definition of approved clinical trial and qualified individual.<ul style="list-style-type: none"><li>– Routine patient costs associated with the trial are eligible under the corresponding benefit.</li><li>– Investigational services in connection with an approved clinical trial aren’t covered.</li></ul></li></ul>				
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Clinical Trial Participation</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote benefits for the service provided (such as office visit or imaging).</li><li>• For investigative indications, not covered.</li><li>• <b>Note:</b> Check the policy for the definition of approved clinical trial and qualified individual.<ul style="list-style-type: none"><li>– Routine patient costs associated with the trial are eligible under the corresponding benefit.</li><li>– Investigational services in connection with an approved clinical trial aren’t covered.</li></ul></li></ul>				
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Clinical Trial Participation</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote benefits for the service provided (such as office visit or imaging).</li><li>• For investigative indications, not covered.</li><li>• <b>Note:</b> Check the policy for the definition of approved clinical trial and qualified individual.<ul style="list-style-type: none"><li>– Routine patient costs associated with the trial are eligible under the corresponding benefit.</li><li>– Investigational services in connection with an approved clinical trial aren’t covered.</li></ul></li></ul>				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Routine patient costs associated with the trial are eligible under the corresponding benefit.<ul style="list-style-type: none"><li>– Quote benefits for the service provided (such as office visit or imaging).</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Clinical Trial Participation</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote benefits for the service provided (such as office visit or imaging).</li><li>• For investigative indications, not covered.</li><li>• <b>Note:</b> Check the policy for the definition of approved clinical trial and qualified individual.<ul style="list-style-type: none"><li>– Routine patient costs associated with the trial are eligible under the corresponding benefit.</li><li>– Investigational services in connection with an approved clinical trial aren’t covered.</li></ul></li><li>• Medica is the only payer.</li></ul>
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Clinical Trial Participation</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote benefits for the service provided (such as office visit or imaging).</li><li>• For investigative indications, not covered.</li><li>• <b>Note:</b> Check the policy for the definition of approved clinical trial and qualified individual.<ul style="list-style-type: none"><li>– Routine patient costs associated with the trial are eligible under the corresponding benefit.</li><li>– Investigational services in connection with an approved clinical trial aren’t covered.</li></ul></li><li>• Follows Medicare guidelines.</li></ul>
Med Advantage	<p>Medica’s Coverage Policy, <i>Clinical Trial Participation</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote benefits for the service provided (such as office visit or imaging).</li><li>• For investigative indications, not covered.</li><li>• <b>Note:</b> Check the policy for the definition of approved clinical trial and qualified individual.<ul style="list-style-type: none"><li>– Routine patient costs associated with the trial are eligible under the corresponding benefit.</li><li>– Investigational services in connection with an approved clinical trial aren’t covered.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>
Med Supp (Select, Signature)	<p>Routine patient costs associated with the trial are eligible under the corresponding benefit.</p> <ul style="list-style-type: none"><li>• Quote benefits for the service provided (such as office visit or imaging).</li><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>

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Medicaid

Medica’s Coverage Policy, *Clinical Trial Participation*, applies.

**Tip:** For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- Covered indications are listed under *Coverage Policy*.
  - **Important:** Check policy for limits or exclusions.
- If eligible, quote benefits for the service provided (such as office visit or imaging).
- For investigative indications, not covered.
- **Note:** Check the policy for the definition of approved clinical trial and qualified individual.
  - Routine patient costs associated with the trial are eligible under the corresponding benefit.
  - Investigational services in connection with an approved clinical trial aren’t covered.

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## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Clinical Trials (Clinical Trial Participation) (MP9447)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote benefits for the service provided (such as office visit or imaging).</li><li>• For investigative indications, not covered.</li><li>• <b>Note:</b> Check the policy for the definition of approved clinical trial and qualified individual.<ul style="list-style-type: none"><li>– Routine patient costs associated with the trial are eligible under the corresponding benefit.</li><li>– Investigational services in connection with an approved clinical trial aren’t covered.</li></ul></li></ul>				
Medica	<p>Medica’s Coverage Policy, <i>Clinical Trial Participation</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote benefits for the service provided (such as office visit or imaging).</li><li>• For investigative indications, not covered.</li><li>• <b>Note:</b> Check the policy for the definition of approved clinical trial and qualified individual.<ul style="list-style-type: none"><li>– Routine patient costs associated with the trial are eligible under the corresponding benefit.</li><li>– Investigational services in connection with an approved clinical trial aren’t covered.</li></ul></li></ul>				
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