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, 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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Interferon Policy

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 committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Interferons are naturally occurring small proteins with both antiviral and antiproliferative properties. Interferons exert their cellular effects by binding to specific membrane receptors on the cell surface and subsequently initiate a complex sequence of intracellular events.

Interferon alfacon-1 is a recombinant non-naturally occurring type-1 interferon. Interferon alfa-2B is sterile protein product produced by recombinant DNA techniques. The exact mechanism of action is unknown, but appears to involve direct antiproliferative action against tumor cells or viral cells to inhibit replication, modulation of the host immune response by enhancing the phagocytic activity of macrophages, and augmentation of specific cytotoxicity of lymphocytes for target cells.

Alfa-N3 is a naturally occurring antiviral agent derived from human leukocytes. It attaches to membrane receptors and causes cellular changes, including increased protein synthesis. Gamma-1B, a biological response modifier, is a single-chain polypeptide containing 140 amino acids.

Reimbursement Guidelines

Interferon beta-1a (Q3025)
Medicare will consider the administration of Interferon beta-1a medically reasonable and necessary for the following indication: multiple sclerosis.

Interferon alfacon-1 (J9212)
Medicare will consider the administration of Interferon alfacon-1 medically reasonable and necessary for the following indications: chronic hepatitis C and hairy cell leukemia.

Interferon alfa-2B (J9214)
Medicare will consider the administration of Interferon Alfa-2B medically reasonable and necessary for the following indications: acute or chronic hepatitis C, chronic hepatitis B, condylomata acuminata, hairy cell leukemia, malignant melanoma, AIDS-related Kaposi’s sarcoma, head and neck cancer, bladder cancer, brain cancer, carcinoid syndrome, chronic lymphocytic leukemia, chronic myelocytic leukemia, cutaneous T-cell lymphoma, esophageal cancer, renal cancer, multiple myeloma, non-Hodgkin’s lymphoma, mycosis fungoides, essential thrombocytosis, essential thrombocytopenia, osteosarcoma, ovarian cancer, pancreatic cancer, skin cancer, colorectal cancer, polycythemia vera, and laryngeal papillomatosis.

Medicare will consider the administration of Interferon Alfa-2B medically necessary for the off-label indication of peritoneum cancer.

Interferon alfa-N3 (J9215)
Medicare will consider the administration of Interferon alfa-N3 medically reasonable and necessary for the following indications: chronic hepatitis C, condylomata acuminata, hairy cell leukemia, malignant melanoma, AIDS-related Kaposi’s sarcoma, bladder cancer, carcinoid syndrome, chronic myelocytic leukemia, renal cancer, multiple myeloma, non-Hodgkin’s lymphoma, mycosis fungoides, essential thrombocytosis, ovarian cancer, and laryngeal papillomatosis.

Medicare will consider the administration of Interferon alfa-N3 medically necessary for the off-label indication
Interferon

of peritoneum cancer.

**Interferon gamma-1B (J9216)**

Medicare will consider the administration of Interferon gamma-1B medically reasonable and necessary for the following indications: chronic granulomatous disease.

Limitations:
The self-administration of Interferons alfacon-1, alfa-2B, alfa-N3, and gamma-1B are **noncovered** by Medicare.

**CPT/HCPCS Codes**

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**References Included (but not limited to):**

**CMS LCD(s)**
Numerous LCDs

**CMS Article(s)**
Numerous Articles

**CMS Benefit Policy Manual**
Chapter 15; § 50 Drugs and Biologicals

**CMS Claims Processing Manual**
Chapter 17; § 40 Discarded Drugs and Biologicals
Chapter 32 Billing Requirements for Special Services

**UnitedHealthcare Medicare Advantage Coverage Summaries**
Chemotherapy, and Associated Drugs and Treatments
Medications/Drugs (Outpatient/Part B)

**UnitedHealthcare Reimbursement Policies**
Coverage for Drugs and Biologicals for Label and Off-Label Uses
Self Administered Drug(s)

**Others**
CGS Coding, CMS Website
NCCN Drugs & Biologics Compendium, National Comprehensive Cancer Network Website
Medicare Program Integrity Manual, Chapter 13 Local Coverage Determinations § 13.5.1 Reasonable and Necessary Provisions in LCDs
Social Security Act (Title XVIII) Standard References, Sections:
- 1862(a)(1)(A) Medically Reasonable & Necessary
- 1862(a)(1)(D) Investigational or Experimental
- 1833(e) Incomplete Claim
- 1861(t) (1) Drugs and Biologicals
## Interferon

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<td>09/09/2014</td>
<td>Removed liability modifier references</td>
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