



Subject: Proton Beam Therapy*

Effective Date: June 14, 2011

Department(s): Utilization Management

Policy: Proton beam therapy [CPT 61796-61799, 63620, 63621, 77432, 77520, 77522, 77523, 77525; ICD-10 C41.0, C41.2 is reimbursable under Plans administered by QualCare, Inc. as delineated in this policy.

Objective: To ensure proper and consistent reimbursement for a medically necessary service

Procedure: Proton beam therapy, a form of charged particle radiation therapy, is considered medically necessary as outlined below:

A. in the treatment of radiosensitive tumors in the following anatomic locations:

- Skull base or axial skeleton [ICD-9 170.0, 170.2; ICD-10 ICD-10 C41.0, C41.2]
- Pituitary neoplasms [ICD-9 227.3, 237.0; ICD-10 D35.2, D44.3]
- Central nervous system tumors in proximity to vital structures [ICD 191.0-191.9, 192.1-192.3, 194.3, 198.3, 225.0-225.3, 237.5]
- Melanomas of the uveal tract that are confined to the globe [ICD 190.6]
- **Localized unresectable hepatocellular carcinoma when stereotactic body radiation or**

radiofrequency is not feasible.[ICD-9; ICD-10 C78.7]

- **Stage IIA Seminoma [ICD-9; ICD-10 C62.10-C62.92]**

B. Due to increased susceptibility to radiation side effects and risk of secondary malignancy, proton beam therapy is considered medically necessary in the treatment of radiosensitive tumors in children.

C. As an alternative high dose (greater than 72 Gy total dose) radiotherapy method for localized prostate cancer (stages T1b through T2b). **[ICD 9 -185; ICD 10- C61]. Coverage for proton beam therapy for the treatment of localized cancer may depend upon the applicable Summary Plan Description definition of medical necessity. Where that definition limits coverage to the most cost-effective equivalent treatment, the use of proton beam therapy for the treatment of newly diagnosed prostate cancer is NOT deemed medically necessary. In addition when IMRT is available in network, a network adequacy exception for proton beam therapy will not be made.**

D. Intracranial arteriovenous malformations.

E. **Inoperable** stage III non-small cell lung Carcinoma **[ICD 162.2 through 162.9]** for definitive treatment when required to provide curative radiation therapy safely, with or without concurrent chemotherapy.

Proton beam therapy is considered experimental/investigational for all other conditions.

References

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.