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] 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-170.0, 170.2]
   - Pituitary neoplasms [227.3, 237.0]
   - 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]

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 -185]

D. Intracranial arteriovenous malformations.
Proton beam therapy is considered experimental/investigational for all other conditions.

References


Zietman AL, DeSilvio ML, Slater JD, Rossi CJ, Miller DW, Adams JA, Shipley WU. Comparison of conventional –dose vs high-dose conformal radiation therapy in clinically localized adenocarcinoma of the prostate- a randomized controlled trial. 2005. JAMA; 294(10): 1233-39(Sep)
*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.