



# Proton Beam Therapy

Last Revision/Review Date: November 14, 2018

P&P # C.6.32

## A. Documentation Required:

In order to facilitate the authorization process, referral requests **MUST** include the following:

1. Cancer diagnosis and staging and documentation to support these.
2. Cancer treatment plan including prior treatments and planned treatments.
3. Physician assessment, cancer treatment plan of care and order for proton beam therapy.

## B. Criteria for Medical Necessity:

Proton Beam therapy for the treatment of cancer is medically necessary for **ANY** of the following conditions:

1. Ocular tumors: Intraocular and uveal melanoma, both initial tumor and ocular recurrence, confined to the globe and without distant metastases; **OR**
2. Tumors located at the base of the skull/upper cervical spine without distant metastases to include craniospinal, ependymoma, chordomas and chondrosarcomas; **OR**
3. Any malignancy/cancer in a child age 21 or younger.

## C. Indications Considered Experimental, Investigational or not Medically Necessary (Not an all-inclusive list):

1. Spinal cord glioma.
2. Breast cancer.
3. Esophageal cancer.
4. Prostate cancer.
5. Lung cancer.

## CPT CODES:

77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; intermediate
77525	Proton treatment delivery; complex

## REFERENCES:

The American Society for Radiation Oncology (ASTRO) Proton Beam Therapy 2017 guideline.

Canadian Agency for Drugs and Technologies in Health (CADTH). Proton Beam Therapy versus Photon Radiotherapy for Adult and Pediatric Oncology Patients: A Review of the Clinical and Cost-Effectiveness. May 20, 2016

Hayes, Inc. Medical Technology Directory. Proton Beam Therapy for Non-Small Cell Lung Cancer. Publication date: January 19, 2017. Annual Review: January 5, 2018. Accessed: August 30, 2018.

Hayes, Inc. Medical Technology Directory. Proton Beam Therapy for Prostate Cancer. Publication date: June 9, 2016. Annual Review: May 18, 2018. Accessed: August 30, 2018.

National Comprehensive Cancer Network (NCCN) 2018 Clinical Practice Guidelines in Oncology: Uveal Melanoma.

National Comprehensive Cancer Network (NCCN) 2018 Clinical Practice Guidelines in Oncology: Cranial tumors.

National Comprehensive Cancer Network (NCCN) 2018 Clinical Practice Guidelines in Oncology: Head and neck cancer.

National Comprehensive Cancer Network (NCCN) 2018 Clinical Practice Guidelines in Oncology: Prostate cancer.

National Comprehensive Cancer Network (NCCN) 2018 Clinical Practice Guidelines in Oncology: Sarcoma.