Policy

The Medical Management Department reviews referral requests for authorization of proton beam therapy for treatment of cancer.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee’s specific plan document must be referenced. The terms of an enrollee’s plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee’s specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

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.
   6. Pituitary adenoma.
   8. Carbon ion therapy for any indication.
**CPT CODES:**

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<th>CPT Code</th>
<th>Description</th>
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<td>Proton treatment delivery; intermediate</td>
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<td>77525</td>
<td>Proton treatment delivery; complex</td>
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</table>

**REFERENCES:**


Hayes, Inc. Evidence Analysis Research Brief.

Hayes, Inc. Health Technology Assessment.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Available at:

National Association for Proton Therapy.