

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Radiation Therapy, Proton Beam	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/L020	Page: 1 of 2

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Requests for proton beam therapy must satisfy the following: I or II

- I. American Society for Radiation Oncology Model (ASTRO) Policies. Proton Beam Therapy (PBT) <https://www.astro.org/ASTRO/media/ASTRO/Daily%20Practice/PDFs/ASTROPBTModelPolicy.pdf>; or
- II. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

Includes, but is not limited to, health care services designated by the CMS Medicare program as Coverage with Evidence Development (CED) are considered investigative (see Investigative Services [MP/I001])

Proton beam therapy is investigative for treatment of primary prostate cancer (see Investigative List)

BACKGROUND:

Proton therapy, also called proton beam therapy, is a type of radiation therapy. It uses protons rather than photons (x-rays) to treat cancer.

A proton is a positively charged particle. At high energy, protons can destroy cancer cells. Doctors may use proton therapy alone. They may also combine it with x-ray radiation therapy, surgery, chemotherapy, and/or immunotherapy.

Like x-ray radiation, proton therapy is a type of external-beam radiation therapy. It painlessly delivers radiation through the skin from a machine outside the body.

In proton beam therapy, a machine called a synchrotron or cyclotron speeds up protons. The high speed of the protons creates high energy. This energy makes the protons travel to the desired depth in the body. The protons then give the targeted radiation dose in the tumor.

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With proton therapy, there is less radiation dose outside of the tumor. In regular radiation therapy, x-rays continue to give radiation doses as they leave the person's body. This means that radiation damages nearby healthy tissues, possibly causing side effects.

Prior Authorization: Yes, per network provider agreement

CODING:

CPT® or HCPCS

77520 Proton treatment delivery; simple, without compensation

77522 Proton treatment delivery; simple, with compensation

77523 Proton treatment delivery; intermediate

77525 Proton treatment delivery; complex

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REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Clinical Policy: Investigative Services (MP/I001)
4. ASTRO Model Policies. Proton Beam Therapy (PBT). 2022. Retrieved from <https://www.astro.org/Daily-Practice/Reimbursement/Model-Policies#:~:text=ASTRO%20model%20policies%20were%20developed,review%20and%20revision%20without%20notice>. Accessed 06-14-24.

DOCUMENT HISTORY:

Created Date: 11/07/19
Reviewed Date: 08/03/20, 08/03/21, 06/08/22, 06/05/23, 06/05/24
Revised Date: 03/11/22, 02/14/23

PreferredOne Community Health Plan Nondiscrimination Notice

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PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaailla qargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດລູກ: ຖ້າວ່າທ່ານເຮົາພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013) .

ဟ်သ့ဟ်သး- နမာ်ကတိ၊ ကညီ ကိုက်အယံ၊ နမာ် ကိုက်အတၢ်မၤစၢၤလၢ တလၢ်ဘျၣ်လၢ်စၢၤ နီတမံၤဘၣ်သန့လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចុះ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

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customerservice@preferredone.com

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