CHARGED-PARTICLE RADIATION THERAPY

▪ Helium Ion Beam
▪ Proton Beam

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Helium Ion or Proton Beam Radiation Therapy:
Charged particle helium ion or proton beam radiation therapy describes a method of delivering high-energy radiation for the treatment of cancer. The unique properties of protons or helium ions produce minimal scatter as the beam passes through the tissue and allow deposition of ionizing energy at precise depths. This allows for more radiation to be delivered while reducing side effects to nearby normal tissue. Used for tumors located next to vital structures that surgical excision or conventional radiation therapy may not be possible. These tumors include uveal melanoma, chordomas of the skull base or cervical spine and low grade chondrosarcomas at the skull base and cervical spine.
CHARGED-PARTICLE RADIATION THERAPY (cont.)

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Criteria:

Helium Ion or Proton Beam Radiation Therapy:

➢ Helium ion or proton beam radiation therapy is considered medically necessary for ANY of the following:

1. Primary therapy for melanoma of the uveal tract (iris, choroid, or ciliary body)
   ▪ No evidence of metastasis or extrascleral extension
   ▪ Tumor size of up to 24mm in diameter and 14mm in height

2. Postoperative therapy in an individual who has undergone biopsy or partial resection of ANY of the following tumors that show no evidence of metastasis:
   ▪ Chordoma of the skull base or cervical spine
   ▪ Low-grade (I or II) chondrosarcoma of the skull base or cervical spine

3. Treatment of pediatric central nervous system tumors

➢ Proton beam radiation therapy is considered not medically necessary for clinically localized prostate cancer based upon insufficient evidence to support improvement of the net health outcome, and insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

➢ Helium ion or proton beam radiation therapy for all other indications not previously listed or if above criteria not met is considered experimental or investigational based upon:

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome, and
3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These indications include, but are not limited to:

▪ Non-small-cell lung cancer (NSCLC) at any stage or for recurrence
▪ Pediatric non-central nervous system tumors
▪ Tumors of the head and neck (other than skull-based chordoma or chondrosarcoma)
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Resources:


CHARGED-PARTICLE RADIATION THERAPY (cont.)

▪ Helium Ion Beam
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Resources: (cont.)

11. InterQual® Care Planning PA. Proton Beam Radiotherapy (PBRT).


