CHARGED-PARTICLE RADIOTHERAPY FOR NEOPLASTIC CONDITIONS

- Helium Ion Beam
- Proton Beam

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

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.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

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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CHARGED-PARTICLE RADIOTHERAPY FOR NEOPLASTIC CONDITIONS (cont.)

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.

Criteria:

- 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 (with or without conventional high-energy X-rays) 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

- 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:

- Clinically localized prostate cancer
- 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)
CHARGED-PARTICLE RADIOTHERAPY FOR NEOPLASTIC CONDITIONS (cont.)

Resources:

Literature reviewed 08/15/17. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.


CHARGED-PARTICLE RADIOTHERAPY FOR NEOPLASTIC CONDITIONS (cont.)

Resources: (cont.)


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

CHARGED-PARTICLE RADIOTHERAPY FOR NEOPLASTIC CONDITIONS (cont.)

Resources: (cont.)


CHARGED-PARTICLE RADIOTHERAPY FOR NEOPLASTIC CONDITIONS (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ 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: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’ é atah nilíngígí Blue Cross Blue Shield of Arizona haadó yít’éego bina’ídiíkídgo éí doodago Háida bíjá anilyeedígíí t’aadoo le’e yína’ídiíkídgo beehaz’áanii hólo díí t’áá hazaad’ek’ehií háká a’doowolgo bee haz’á doo baqí ilínígóó. Ata’ halne’ilíí kojí bích’í’ hodilííhí 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。  

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thợ dịch viễn, xin gọi 877-475-4799.

Arabic: إن كان لديك أو لديه شخص تساعد أسأله بخصوص خصوصية Blue Cross Blue Shield of Arizona للدكتور الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون إعاقة تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.
CHARGED-PARTICLE RADIOTHERAPY FOR NEOPLASTIC CONDITIONS (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuunan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관련해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi: اگر شما، یا کسی که شما یا کمک می‌خواهید، سوال‌هایی بر مورد اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799.

Assyrian: Blue Cross Blue Shield of Arizona دوختكلم برسیوو نار حکایتی نار خود حکایتی نار دوختنی نار بکن بکن دوختنی نار دوختنی نار بکن 877-475-4799.

Serbo-Croatian: Ukoiko Vi ili nekoome Vi pomažete imam pitanja o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijate pomoć i informacije na vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือผู้ที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสามารถขอได้ความช่วยเหลือและการสนับสนุนภาษา ของคนได้โดยไม่คิดค่าบริการ ที่ 877-475-4799.