



## Charged-Particle (Proton or Helium Ion) Radiation Therapy

### I. Policy

University Health Alliance (UHA) will reimburse for treatment by charged-particle (Proton or Helium Ion) radiation therapy when determined to be medically necessary and within the medical criteria guidelines (subject to limitations and exclusions) indicated below.

### II. Criteria/Guidelines

Charged-particle irradiation with proton or helium ion beams is covered (subject to Limitations/Exclusions and Administrative Guidelines) in the following clinical situations:

- A. Primary therapy for melanoma of the uveal tract (iris, choroid, or ciliary body), confined to the globe and with no evidence of distant metastasis.
- B. Postoperative therapy (with or without conventional high-energy x-rays) in patients who have undergone biopsy or partial resection of chordoma or low-grade (I or II) chondrosarcoma of the basisphenoid region (skull-based chordoma or chondrosarcoma) or cervical spine. Patients eligible for this treatment have residual localized tumor without evidence of metastasis.
- C. In pediatric oncology cases for nervous system tumors after the recommendation of a UHA participating board certified radiation oncologist. Other pediatric malignancies may also meet medical necessity and will be reviewed based on the recommendation of a UHA participating board certified radiation oncologist.

### III. Limitations/Exclusions

- A. Charged-particle irradiation with proton beams using standard treatment doses is not covered for clinically localized prostate cancer.
- B. Other applications of charged-particle irradiation are not covered, including but not limited to use of proton beam therapy for non-small-cell lung cancer (NSCLC) at any stage or for recurrence, pediatric non-central nervous system tumors; and tumors of the head and neck (other than skull based chordoma or chondrosarcoma).

#### **NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

#### IV. Limitations/Exclusions

- A. Prior authorization is required.
- B. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.
- C. All of the following documentation must be submitted:
  - 1. History and physical
  - 2. Imaging studies
  - 3. Pathology reports
  - 4. Prior therapies, if applicable
  - 5. Radiation oncology consultation notes
  - 6. Pediatric oncology notes for pediatric patients.
- D. The use of proton beam or helium ion radiation therapy typically consists of a series of CPT codes describing the individual steps required: medical radiation physics, clinical treatment planning, treatment delivery, and clinical treatment management.
- E. See the following table for applicable CPT codes:

CPT Code	Description
77299	Unlisted procedure, therapeutic radiology clinical treatment planning
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77499	Unlisted procedure, therapeutic radiology treatment management
77520*	Proton treatment delivery; simple, without compensation
77522*	Proton treatment delivery; simple, with compensation
77523*	Proton treatment delivery; intermediate
77525*	Proton treatment delivery; complex

\* Codes for treatment delivery primarily reflect the costs related to the energy source used, and not physician work.

#### V. Policy History

**Policy Number:** MPP-0086-120918  
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