HEALTH PLAN POLICY

Policy Title: Proton Beam Radiotherapy (PBRT)  
Policy Number: MUM41  
Revision: B

Department: Medical Management  
Sub-Department: Utilization Management

Applies to Product Lines: ☐ Medicaid  
☐ Children’s Health Insurance Plan  
☒ USFHP  
☒ Health Insurance Exchange  
☐ Commercial Insured  
☐ Non Insured Business  
☒ Medicare

Origination/Effective Date: 02/22/2018

Reviewed Date(s):  04/24/2019, 05/18/2020

SCOPE:
Proton beam radiotherapy is a form of external beam radiotherapy. Proton beam centers are limited in number largely to major academic medical centers. They have been studied for decades in a variety of both benign and malignant tumors throughout the body. This policy reviews what is medically necessary based on the evidence based, peer reviewed literature.

DEFINITIONS AND ACRONYMS:
- Age related Macular Degeneration (AMD)
- Agency Health Research and Quality (AHRQ)
- American Society of Therapeutic Radiology and Oncology (ASTRO)
- Arteriovenous Malformation (AVM)
- Central Nervous System (CNS)

POLICY:
A. Medical necessity has been identified as present in the following six instances, most of which are CNS based:
   1. Uveal melanomas of the eye without metastases
   2. Post-operative therapy of CNS chordomas
   3. Pituitary adenomas
   4. Intracranial AVM’s that are non-operable
   5. CNS tumors near critical structures (optic nerve, brain stem or spinal cord)
   6. Pediatric solid tissue tumors where cure is probable
B. Lack of Medical Necessity is present in the following instances:
   1. Age related macular degeneration (AMD)
   2. Prostate cancer
   3. Lung cancer
   4. Head and neck cancer
5. Hepatocellular cancer (HCC)
6. Esophageal cancer

REFERENCES:
- AHRQ 2014 Prostate Cancer
- ASTRO

RELATED DOCUMENTS:
None

REVISION HISTORY:

<table>
<thead>
<tr>
<th>Revision</th>
<th>Date</th>
<th>Description of Change</th>
<th>Committee</th>
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<tbody>
<tr>
<td>New</td>
<td>02/22/2018</td>
<td>Initial release.</td>
<td>Executive Leadership</td>
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<tr>
<td>A</td>
<td>04/24/2019</td>
<td>Annual review. Product lines updated.</td>
<td>Executive Leadership</td>
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<tr>
<td>B</td>
<td>05/18/2020</td>
<td>Annual review. No change to policy content.</td>
<td>Executive Leadership</td>
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