Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description
Proton beam therapy is a type of radiation therapy that utilizes protons to deliver ionizing damage to a target. In conventional radiation, the greatest energy release is at the surface of the tissue and decreases exponentially the farther the radiation travels. Thus, the tissue beyond the target invariably receives a low to moderate radiation dose. In contrast, the energy of a proton beam is released at the end of its path, a region called the Bragg peak. Since the energy release of the proton beam is confined to the narrow Bragg peak, collateral damage to the surrounding tissues should be reduced, enabling an increased dose of radiation to be delivered to the tumor. Currently, proton beam therapy is available in the United States at seven patient treatment facilities.

Coverage Determination
Prior Authorization is required.
The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses MCG (formerly Milliman) Criteria # A-0389. Due to contractual restrictions providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

Approval Signatures:
Clinical Quality Committee: Thomas Rothfeld MD
Medical Director: Norman White MD

Approval Date: July 26, 2017

Publication History:
11-26-07: Benefit/Technology Alert for Proton Beam Therapy for Prostate Cancer
04-22-09: Transitioned to Medical Policy for Proton Beam Therapy, Revision
04-28-10: Annual Review and Revision
09-22-10: Transition to HealthHelp Radiation Oncology Guidelines
02-22-12: Review and revise
01-30-13: Review and Revise
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses MCG Criteria A-0389
01-28-16. No changes.
Radiation Oncology: Proton Beam Therapy
MPM 16.14

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm