



Medical Policies

 **Print**

Policy Number:	R-9006		
Policy Name:	Proton Beam Radiation Therapy - FM HomeBuilders Consortium and Eide Bailly Only		
Policy Type:	Medical	Policy Subtype:	Radiation Therapy & Nuclear Medicine
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

Proton beam radiation therapy (PBRT) is a form of external radiation therapy in which positively charged subatomic particles, or protons, are targeted to a specific tissue mass through use of a stereotactic planning and delivery system. With this treatment, a focused dose of radiation is delivered to the target area while the surrounding healthy tissue receives minimal radiation.

The use of proton beam radiation may improve outcomes when the following conditions apply:

- Conventional treatment modalities do not provide adequate local tumor control;
- Evidence shows that local tumor response depends on the dose of radiation delivered; and
- Delivery of adequate radiation doses to the tumor is limited by the proximity of vital radiosensitive tissues or structures.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

This criteria applies to covered members under FM HomeBuilders Consortium and Eide Bailly only,

I. Proton beam radiation therapy may be considered **MEDICALLY NECESSARY AND APPROPRIATE** in the following clinical situations:

- Primary therapy for melanoma of the uveal tract (iris, choroid, or ciliary body), with no evidence of metastasis or extrascleral extension, and with tumors up to 24 mm in largest diameter and 14 mm in height; **OR**
- Postoperative therapy (with or without conventional high-energy x-rays) in individuals who have undergone biopsy or partial resection of chordoma or low-grade (I or II) chondrosarcoma of the basisphenoid region (skull-base chordoma or chondrosarcoma) or cervical spine and have residual localized tumor without evidence of metastasis; **OR**
- Treatment of central nervous system (CNS) tumors in pediatric individuals (Less than 18 years of age). **OR**
- Treatment of localized prostate cancer (i.e., organ-confined [T1 and T2] with no radiographic evidence of metastasis).

II. All other applications of proton beam radiation therapy are considered **EXPERIMENTAL/INVESTIGATIVE** due to a lack of evidence demonstrating an impact on improved health outcomes.

Other applications include, but are not limited to:

- Non-small-cell lung cancer (NSCLC) at any stage or for recurrence.
- Non-central nervous system tumors in pediatric individuals (Less than 18 years of age);
- Tumors of the head and neck (other than skull-based chordomas or chondrosarcomas)

Procedure Codes

77520	77522	77523	77525	S8030
-------	-------	-------	-------	-------

Coverage

Proton beam radiation therapy used in combination with intensity modulated radiation therapy (IMRT) in a single treatment plan is not covered.

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

77520	PROTON TX DELIVERY SIMPLE W/O COMPENSATION	
77522	PROTON TX DELIVERY SIMPLE W/COMPENSATION	
77523	PROTON TX DELIVERY INTERMEDIATE	
77525	PROTON TX DELIVERY COMPLEX	

HPCS:

S8030	Tantalum ring application	
-------	---------------------------	--

ND Committee Review

Internal Medical Policy Committee 1-22-2020 Annual Review *Effective March 2, 2020*

Internal Medical Policy Committee 3-17-2021 Annual Review-language update *Effective May 3, 2021*

Internal Medical Policy Committee 3-23-2022 Annual Review *Effective May 2, 2022*

Internal Medical Policy Committee 4-01-2022 Title Change - *Effective April 1, 2022*

Internal Medical Policy Committee 5-23-2023 Annual Review - no changes in criteria *Effective July 3, 2023*

Internal Medical Policy Committee 5-14-2024 Annual Review - no changes in criteria *Effective July 1, 2024*

- *Added* Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.