Medical Policy

Insulin Potentiation Therapy

Table of Contents
- Policy: Commercial
- Coding Information
- Policy: Medicare
- Description
- Authorization Information
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 532
BCBSA Reference Number: 2.01.72A (For Plan internal use only)
NCD/LCD: N/A

Related Policies
Insulin Delivery Devices, #332

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Insulin potentiation therapy (IPT) is INVESTIGATIONAL.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

Outpatient
- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

<table>
<thead>
<tr>
<th></th>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes
There is no specific CPT code for this service.

Description
Certain insulin like growth factor (IGF) receptors are found to be overexpressed in many forms of cancer; therefore, cancer cells may be selectively more sensitive than normal cells to exogenous insulin. Insulin is also believed to increase the permeability of cell membranes, leading to the increase in intracellular concentration and cytotoxic effect of anticancer drugs. Insulin potentiation therapy (IPT) uses insulin as an adjunctive agent to potentiate the effects of pharmacologic therapy and offer reduced chemotherapy dosing in the treatment of cancer in an effort to decrease pharmacologic side effects from standard dosing. It is considered alternative cancer therapy. Although it has been used since the 1930s, its effectiveness has not been established in pharmokinetic profiles with insulin concurrently administered with chemotherapy, survivor efficacy studies, or clinical trials.

Summary
Much of the information about IPT comes from short-term anecdotal reports. A single randomized controlled trial suggested that tumor progression can be affected by IPT at 8 weeks. No survival or longer term data are available. Therefore, further studies are needed to demonstrate whether improvements in health outcomes occur with the use of IPT; the treatment is investigational.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>2/2020</td>
<td>Policy updated with literature review through February 1, 2020, references added. Policy statements unchanged.</td>
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<tr>
<td>1/1/2011</td>
<td>New policy describing on-going non-coverage.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References


