



MASSACHUSETTS

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Request for Clinical Exception to BCBSMA Charged Particle (Proton Beam) Policy and Notification

Before Rendering Services	After Delivery of Services
Services rendered both in and outside of Massachusetts: Blue Cross Blue Shield of Massachusetts Case Creation/Medical Policy Fax to: 1-888-282-0780	Services rendered in Massachusetts: Mail to: Blue Cross Blue Shield of Massachusetts PO Box 986065 Boston, MA 02298 Services rendered outside of Massachusetts: Submit to your Local Plan

Complete the Clinical Exception and Notification Form for BCBSMA Medical Policy 437, Charged-Particle (Proton or Helium Ion) Radiation Therapy

Providers must complete the Clinical Exception and Notification Form below when requesting coverage:

- For medically necessary indications described in the medical policy 437, Charged-Particle (Proton or Helium Ion) Radiation Therapy. See [notification section](#) of the form.
- For not medically necessary and investigational indications, described in the medical policy 437, Charged-Particle (Proton or Helium Ion) Radiation Therapy. See [exception section](#) of the form.

Is the member enrolled in a clinical trial? Yes No
 If yes, provide the clinical trial number: _____

Member Information	Provider/Facility Information
Member Name: _____	Provider Name: _____
BCBSMA ID #: _____	Provider NPI: _____
Date of Birth: _____	Facility Name: _____
Today's Date: _____	Facility NPI: _____
Dates of Service: From: _____ To: _____	Contact Name: _____
Number of Sessions: _____	Contact Phone: _____

NOTIFICATION

*In consultation with practicing radiation oncologists, the following medically necessary indications and clinical exceptions were established for proton beam therapy, based on acceptable radiation dosage and volume limits to adjacent organs when treating the primary cancer types noted. This is a supplement to our coverage statements regarding the use of proton beam therapy to treat the primary cancer and includes medically necessary indications found in the BCBSMA medical policy 437. **Please document the indication or exception by checking the appropriate description below.** Use the section at end of this form for those indications **not otherwise** found on this form.*

- 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;
- 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-base chordoma or chondrosarcoma) or cervical spine**. Patients eligible for this treatment have residual localized tumor without evidence of metastasis.

Pediatric CNS Tumors

- Medulloblastoma (191.0-191.9)
- Ependymoma (170.2, 191.5)
- Atypical teratoid rhabdoid tumor (ATRT) (191.0-191.9,192.2)
- Low grade glioma/astrocytoma/optic glioma (225.0)
- Gross totally resected high grade glioma
- Craniopharyngioma (237.0)
- Meningioma (192.1, 192.3)
- Neurocytoma (171.0-171.9)
- Ganglioma (225.0, 225.3)
- Primitive neuro-ectodermal tumor (PNET) (191.0-191.9)
- Other rare but curable pediatric brain tumors (i.e., Schwannoma)

- Adult malignant and benign primary central nervous system tumors.
- Primary or metastatic tumors of the spine or tumors requiring craniospinal irradiation, where the spinal cord tolerance may be exceeded with conventional treatment or where the spinal cord has previously been irradiated.

EXCEPTION - Cancer Type and Volume / Dose Criteria

*In consultation with practicing radiation oncologists, the following clinical exceptions were established based on acceptable radiation dosage and volume limits to adjacent organs when treating the primary cancer types noted. Proton beam therapy may be considered medically necessary when planning indicates that IMRT (or other modality) would result in exposure of adjacent tissues to doses greater than the toxic threshold AND proton beam therapy would reduce the toxic exposure of adjacent tissues by a clinically significant amount compared to IMRT. This is a supplement to our coverage statements regarding the use of proton beam therapy to treat the primary cancer. **Please check the condition you are treating and indicate the exception type by checking the appropriate description of why you are requesting the use of proton beam therapy.** Use the section at end of this form for those indications **not otherwise** found on this form.*

For pediatric tumors outside of the CNS, choose the diagnosis of the condition you are planning to treat.

For other cancers listed in [table 1](#) below, please check off the cancer type and adjacent tissue involvement. For diagnoses codes reference, see [table 2](#) below.

Pediatric Tumors outside CNS

- Ewing's sarcoma (170.0-170.9)
- Rhabdomyosarcoma (171.0-171.9)
- Osteosarcoma requiring radiation therapy (170.0-170.9)
- Other bone or soft tissue sarcomas not mentioned above (Specify _____)
- Neuroblastoma (194.0-194.9)
- Carcinomas or other tumors of the head and neck and salivary glands (195.0, 142.0-142.9, 210.2, 229.8)
- Other tumors in areas of the body that can benefit from proton sparing dose to normal tissue (Specify _____)
- Wilm's tumor (189.0)

Table 1

Request for Clinical Exception to BCBSMA Charged Particle (Proton Beam) Policy and Notification

Cancer Type	Adjacent Tissue Involvement
<p>Head, neck, skull base, and CNS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tumors of any histology that arise in or involve the paranasal sinuses <input type="checkbox"/> Tumors of any histology that involve the skull base <input type="checkbox"/> Nasopharyngeal carcinoma <input type="checkbox"/> Skin cancers regardless of histology that involve cranial nerves or require treatment to include the course of cranial nerves into the skull base <input type="checkbox"/> Adenoid cystic carcinoma of the major or minor salivary glands <input type="checkbox"/> Glomus tumors of the upper neck and skull base <input type="checkbox"/> Arteriovenous malformation (AVM) <input type="checkbox"/> Vestibular Schwannoma <input type="checkbox"/> Schwannoma in close proximity to dose limiting neural structures in the CNS, e.g. brainstem or spinal cord 	<ul style="list-style-type: none"> <input type="checkbox"/> LENSES IMRT results in a dose ≥ 7Gy <input type="checkbox"/> RETINAE or GLOBES IMRT results in a dose ≥ 45Gy <input type="checkbox"/> OPTIC NERVES/ CHIASM IMRT results in a dose ≥ 54Gy <input type="checkbox"/> BRAINSTEM IMRT results in a dose ≥ 54Gy <input type="checkbox"/> SPINAL CORD IMRT results in any portion of the spinal cord receiving a dose above 45Gy
<p>Sarcomas</p> <ul style="list-style-type: none"> <input type="checkbox"/> Retroperitoneal sarcoma <input type="checkbox"/> Cardiac/pericardial/mediastinal sarcoma <input type="checkbox"/> Soft tissue sarcoma (any histology) chondrosarcoma, chordoma, osteosarcoma, Ewing's sarcoma arising in or involving the head and neck, spine, paraspinous soft tissue, sacrum, or pelvis <input type="checkbox"/> Desmoid tumors in the pediatric and young adult age range 	<ul style="list-style-type: none"> <input type="checkbox"/> HEART IMRT results in $\geq 50\%$ of heart receiving ≥ 30Gy <input type="checkbox"/> LUNG IMRT results in $\geq 30\%$ of combined lung volume receiving ≥ 20Gy OR Mean lung dose of ≥ 20Gy
<p>Lung and thoracic tumors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mesothelioma <input type="checkbox"/> Thymoma <input type="checkbox"/> Tracheal tumors <input type="checkbox"/> Lung cancer (Prior pneumonectomy or at risk for future pneumonectomy or severe reduction in pulmonary function; or close proximity to heart; or prior chest radiation) 	<ul style="list-style-type: none"> <input type="checkbox"/> LIVER IMRT results in 60% of liver volume receiving ≥ 30Gy OR mean liver dose ≥ 32Gy <input type="checkbox"/> FEMORAL HEAD IMRT results in a femoral head receiving ≥ 45Gy
<p>Eye and orbit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Metastatic disease to the eye <input type="checkbox"/> Tumors of any histology, malignant or benign that are in close proximity to the eye or optic nerve <input type="checkbox"/> Tumors of the lacrimal gland, lacrimal duct, upper or lower eyelids 	<ul style="list-style-type: none"> <input type="checkbox"/> SMALL INTESTINE IMRT results in ≥ 195 cc of small intestine receiving ≥ 45Gy <input type="checkbox"/> STOMACH IMRT results in $\geq 10\%$ of stomach receiving ≥ 45Gy OR 5% receiving ≥ 50Gy
<p>Lymphoma</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hodgkin's and Non-Hodgkin's lymphoma with mediastinal adenopathy (limited to pediatric, young adult or patients with compromised pulmonary status) 	<ul style="list-style-type: none"> <input type="checkbox"/> RECTOSIGMOID IMRT results in $\geq 60\%$ of rectosigmoid area receiving ≥ 30Gy <input type="checkbox"/> BLADDER IMRT results in $\geq 35\%$ of bladder receiving ≥ 45Gy <input type="checkbox"/> KIDNEY IMRT results in 33% of combined

	kidney volume receiving $\geq 20\text{Gy}$ (two functional kidneys are present) OR For one functioning kidney or kidney transplant, IMRT provides a lower dose than achievable with IMRT <input type="checkbox"/> FEMUR IMRT results in $\geq 50\%$ of contiguous femur cortex receiving $\geq 50\text{Gy}$
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NOT COVERED

- GU and prostate tumors
- GI tumors
- Breast tumors
- Non-curative treatment of non-small cell lung cancer
- Other cancers not listed _____

Table 2

Head, neck, skull base, and CNS	ICD-9-CM Diagnoses Codes
Chordoma and chondrosarcoma of the skull base or cervical vertebral bodies	170.0 Malignant neoplasm of skull 170.2 Chondrosarcoma of cervical spine
Tumors of any histology that arise in or involve the paranasal sinuses	160.9: Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site
Tumors of any histology that involve the skull base	170.0 Malignant neoplasm of skull
Nasopharyngeal carcinoma	147.0 Malignant neoplasm of superior wall of nasopharynx 147.1 Malignant neoplasm of posterior wall of nasopharynx 147.2 Malignant neoplasm of lateral wall of nasopharynx 147.3 Malignant neoplasm of anterior wall of nasopharynx 147.8 Malignant neoplasm of other specified sites of nasopharynx 147.9 Malignant neoplasm of nasopharynx, unspecified site
Skin cancers regardless of histology that involve cranial nerves or require treatment to include the course of cranial nerves into the skull base	Report appropriate ICD-9 diagnosis codes
Adenoid cystic carcinoma of the major or minor salivary glands	142.9 Malignant neoplasm of salivary gland, unspecified 145.9: Malignant neoplasm of mouth, unspecified site
Glomus tumors of the upper neck and skull base	228.02 Hemangioma of intracranial structures 228.09 Hemangioma of other sites.
Arteriovenous malformation (AVM)	747.81 Congenital anomaly of cerebrovascular system
Vestibular Schwannoma	225.1 Benign neoplasm of cranial nerves
Schwannoma in close proximity to dose limiting neural structures in the CNS, e.g. brainstem or spinal cord	225.0 Benign neoplasm of brain 225.1 Benign neoplasm of cranial nerves 225.2 Benign neoplasm of cerebral meninges
Low Grade Glioma (WHO grades I-II)	225.0 Benign neoplasm of brain
Meningioma (benign, anaplastic, and malignant)	192.1 Malignant neoplasm of cerebral meninges 192.3 Malignant neoplasm of spinal meninges 225.2 Benign neoplasm of cerebral meninges 225.4 Benign neoplasm of spinal meninges

Pituitary adenoma	227.3 Benign neoplasm of pituitary gland and craniopharyngeal duct (pouch)
Ependymoma	170.2 Malignant neoplasm of vertebral column, excluding sacrum and coccyx 191.5 Malignant neoplasm of ventricles of brain
Diseases that mandate cranio-spinal irradiation (CSI) including medulloblastoma, pineoblastoma, primitive neuroectodermal tumors (PNET), glioneuronal tumors	191.0 Malignant neoplasm of cerebrum, except lobes and ventricles 191.1 Malignant neoplasm of frontal lobe of brain 191.2 Malignant neoplasm of temporal lobe of brain 191.3 Malignant neoplasm of parietal lobe of brain 191.4 Malignant neoplasm of occipital lobe of brain 191.5 Malignant neoplasm of ventricles of brain 191.6 Malignant neoplasm of cerebellum NOS 191.7 Malignant neoplasm of brain stem 191.8 Malignant neoplasm of other parts of brain 191.9 Malignant neoplasm of brain, unspecified site 194.4 Malignant neoplasm of pineal gland
Sarcomas	ICD-9-CM Diagnoses Codes
Retroperitoneal sarcoma	158.0 Malignant neoplasm of retroperitoneum
Cardiac/pericardial/mediastinal sarcoma	164.1 Malignant neoplasm of heart 164.2 Malignant neoplasm of anterior mediastinum 164.3 Malignant neoplasm of posterior mediastinum 164.8 Malignant neoplasm of other parts of mediastinum 164.9 Malignant neoplasm of mediastinum, part unspecified
Soft tissue sarcoma (any histology) chondrosarcoma, chordoma, osteosarcoma, Ewing's sarcoma arising in or involving the head and neck, spine, paraspinous soft tissue, sacrum, or pelvis	170.0 Malignant neoplasm of bones of skull and face, except mandible 170.1 Malignant neoplasm of mandible 170.2 Malignant neoplasm of vertebral column, excluding sacrum and coccyx 170.3 Malignant neoplasm of ribs, sternum, and clavicle 170.4 Malignant neoplasm of scapula and long bones of upper limb 170.5 Malignant neoplasm of short bones of upper limb 170.6 Malignant neoplasm of pelvic bones, sacrum, and coccyx 170.7 Malignant neoplasm of long bones of lower limb 170.8 Malignant neoplasm of short bones of lower limb 170.9 Malignant neoplasm of bone and articular cartilage, site unspecified 171.0 Malignant neoplasm of connective and other soft tissue of head, face, and neck 171.2 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder 171.3 Malignant neoplasm of connective and other soft tissue of lower limb, including hip 171.4 Malignant neoplasm of connective and other soft tissue of thorax 171.5 Malignant neoplasm of connective and other soft tissue of abdomen 171.6 Malignant neoplasm of connective and other soft tissue of pelvis 171.7 Malignant neoplasm of connective and other soft tissue of trunk, unspecified site 171.8 Malignant neoplasm of other specified sites of connective and other soft tissue 171.9 Malignant neoplasm of connective and other soft tissue,

	site unspecified
Desmoid tumors in the pediatric and young adult age range	171.0 Malignant neoplasm of connective and other soft tissue of head, face, and neck 171.2 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder 171.3 Malignant neoplasm of connective and other soft tissue of lower limb, including hip 171.4 Malignant neoplasm of connective and other soft tissue of thorax 171.5 Malignant neoplasm of connective and other soft tissue of abdomen 171.6 Malignant neoplasm of connective and other soft tissue of pelvis 171.7 Malignant neoplasm of connective and other soft tissue of trunk, unspecified site 171.8 Malignant neoplasm of other specified sites of connective and other soft tissue 171.9 Malignant neoplasm of connective and other soft tissue, site unspecified
Lung and thoracic tumors	ICD-9-CM Diagnoses Codes
Mesothelioma	158.8 Malignant neoplasm of specified parts of peritoneum 158.9 Malignant neoplasm of peritoneum, unspecified 163.0 Malignant neoplasm of parietal pleura 163.1 Malignant neoplasm of visceral pleura 163.8 Malignant neoplasm of other specified sites of pleura 163.9 Malignant neoplasm of pleura, unspecified 164.1 Malignant neoplasm of heart
Thymoma	164.2 Malignant neoplasm of anterior mediastinum 164.3 Malignant neoplasm of posterior mediastinum 164.8 Malignant neoplasm of other parts of mediastinum 164.9 Malignant neoplasm of mediastinum, part unspecified
Tracheal tumors	162.0 Malignant neoplasm of trachea 212.2 Benign neoplasm of trachea
Lung cancer (Prior pneumonectomy or at risk for future pneumonectomy or severe reduction in pulmonary function; or close proximity to heart; or prior chest radiation)	162.2 Malignant neoplasm of main bronchus 162.3 Malignant neoplasm of upper lobe, bronchus, or lung 162.4 Malignant neoplasm of middle lobe, bronchus, or lung 162.5 Malignant neoplasm of lower lobe, bronchus, or lung 162.8 Malignant neoplasm of other parts of bronchus or lung 162.9 Malignant neoplasm of bronchus and lung, unspecified site
Eye and orbit	ICD-9-CM Diagnoses Codes
Metastatic disease to the eye	190.0 Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid 190.1 Malignant neoplasm of orbit 190.2 Malignant neoplasm of lacrimal gland 190.3 Malignant neoplasm of conjunctiva 190.4 Malignant neoplasm of cornea 190.5 Malignant neoplasm of retina 190.6 Malignant neoplasm of choroid 190.7 Malignant neoplasm of lacrimal duct 190.8 Malignant neoplasm of other specified sites of eye 190.9 Malignant neoplasm of eye, part unspecified
Tumors of any histology, malignant or benign that are in close proximity to the eye or optic nerve	192.0 Malignant neoplasm of cranial nerves 225.1 Benign neoplasm of cranial nerves

Tumors of the lacrimal gland, lacrimal duct, upper or lower eyelids	173.10 Unspecified malignant neoplasm of eyelid, including canthus 173.11 Basal cell carcinoma of eyelid, including canthus 173.12 Squamous cell carcinoma of eyelid, including canthus 173.19 Other specified malignant neoplasm of eyelid, including canthus 190.2 Malignant neoplasm of lacrimal gland 190.7 Malignant neoplasm of lacrimal duct 216.1 Benign neoplasm of eyelid, including canthus 224.2 Benign neoplasm of lacrimal gland 224.7 Benign neoplasm of lacrimal duct
Lymphoma	ICD-9-CM Diagnoses Codes
Hodgkin's and Non-Hodgkin's lymphoma with mediastinal adenopathy (limited to pediatric, young adult or patients with compromised pulmonary status)	201.90 Hodgkin's disease, unspecified type, unspecified site, extranodal and solid organ sites 171.9 Malignant neoplasm of connective and other soft tissue, site unspecified 229.0 Benign neoplasm of lymph nodes