



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Payment Policy POL-PP-115	
Subject: Tumor Treating Field Therapy	
Effective Date: 10/1/2019	Committee Approval Obtained: 10/1/2019 Last Review: 10/1/2023 Next Review: 10/1/2024
<p>The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.bluekc.com/ContactUs/PaymentPolicies</p>	
<p>Provider Payment policies are written to provide an overview of coding and payment guidelines as they pertain to claims submitted to Blue KC. These guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.</p> <p>Covered services and payment are based on the member's benefit plan and provider agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our providers page for information on member eligibility and benefits. Member liability may include, but is not limited to, co-payments, deductibles, and co-insurance. Members' costs depend on member benefits.</p> <p>Certain services require prior authorization or referral.</p> <p>Blue KC reimburses health care providers based on your contracted rates and member benefits. Claims are subject to payment edits, which Blue KC updates regularly.</p>	
Policy	<p>Tumor treatment field therapy (TTFT) may be covered for the treatment of newly diagnosed Glioblastoma Multiforme (GBM) under the following conditions</p> <ul style="list-style-type: none">▪ The beneficiary has histologically confirmed (World Health Organization (WHO) grade IV astrocytoma), newly diagnosed, supratentorial GBM; and,▪ The beneficiary has received initial treatment with maximal debulking surgery (when feasible), followed by chemotherapy and radiotherapy; and▪ Tumor treatment field therapy is initiated within 7 weeks from the last dose of concomitant chemotherapy or radiotherapy, whichever is later; and,▪ The beneficiary has no evidence of progression by Response Assessment in Neuro-Oncology (RANO) criteria; and,▪ The beneficiary has a Karnofsky Performance Score (KPS) of at least 70; and,

	<ul style="list-style-type: none"> ▪ The beneficiary will use TTFT for an average of 18 hours per day <p>Tumor treating field therapy may not be paid under the following situations.</p> <ul style="list-style-type: none"> ▪ As an adjunct to standard medical therapy (eg, bevacizumab, chemotherapy) for patients with progressive or recurrent glioblastoma multiforme ▪ As an alternative to standard medical therapy for patients with progressive or recurrent glioblastoma multiforme ▪ For brain metastases ▪ For cancer in areas other than the brain ▪ As an adjunct to standard medical therapy (pemetrexed and platinum-based chemotherapy) for patients with malignant pleural mesothelioma <table border="1"> <thead> <tr> <th>CPT</th><th>Description</th></tr> </thead> <tbody> <tr> <td>77261</td><td>Therapeutic radiology treatment planning; simple</td></tr> <tr> <td>77299</td><td>Unlisted procedure, therapeutic radiology clinical treatment planning</td></tr> <tr> <th>HCPCS</th><th>Description</th></tr> <tr> <td>A4555</td><td>Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only (Not valid for Medicare purposes)</td></tr> <tr> <td>E0766</td><td>Electrical stimulation device used for cancer treatment, includes all accessories, any type</td></tr> </tbody> </table>	CPT	Description	77261	Therapeutic radiology treatment planning; simple	77299	Unlisted procedure, therapeutic radiology clinical treatment planning	HCPCS	Description	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only (Not valid for Medicare purposes)	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
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History	<p>Approval Date: 10/1/2019</p> <p>Effective Date: 10/1/2019</p>												
Review	<p>10/1/2021 Annual review, there were no updates.</p> <p>10/1/2022 Annual review, there were no updates.</p> <p>10/1/2023 Annual review, added information for initial coverage for newly diagnosed glioblastoma.</p>												
References and Research Materials	CMS												
Related Policies	N/A												

This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical Technology is constantly changing, and Blue KC reserves the right to review and update policies as needed.