Medical Policy
Tumor Treating Fields

Policy Number: 056

<table>
<thead>
<tr>
<th>Authorization required</th>
<th>Commercial and Connector/ Qualified Health Plans</th>
<th>MassHealth</th>
<th>Medicare Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Prior Authorization</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Not Covered</td>
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Overview
The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine the medical necessity for electric tumor treating fields therapy (ETTFs) (e.g. Optune device) to treat supratentorial glioblastoma. The treating specialist must request prior authorization for the procedure.

Coverage Guidelines
Initial Treatment and Reauthorization
Medical necessity for Tumor Treating Fields is determined through InterQual® criteria. To access the criteria, log in to Mass General Brigham Health Plan’s provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu.

Medicare Variations
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations. At the time of Mass General Brigham Health Plan’s most recent policy review, Medicare has LCD: Tumor Treatment Field Therapy (TTFT) (L34823), and Local Coverage Article: Tumor Treatment Field Therapy (TTFT) (A52711).

Definitions
Electric Tumor Treatment Field Therapy (ETTFs), also known as Tumor-treating fields, electric tumor treatment field therapy, and TTFields. TTF is a noninvasive technology intended to treat glioblastoma on an outpatient basis and at home using electrical fields. It is founded on the principle that low intensity, intermediate frequency electric currents delivered to the malignant tumor site by insulated electrodes placed on the skin surface can disrupt rapid cell division and may destroy proliferating cells in brain tumors.

Glioblastoma: A fast-growing type of central nervous system tumor that forms from glial (supportive) tissue of the brain and spinal cord and has cells that look very different from normal cells. Glioblastoma multiforme usually occurs in adults and affects the brain more often than the spinal cord. Also called GBM, glioblastoma multiforme, and grade IV astrocytoma.
Karnofsky Performance Status (KPS): A standard way of measuring the ability of cancer patients to perform ordinary tasks. KPS scores range from 0 to 100. A higher score means a person is better able to carry out daily activities. KPS may be used to determine a patient’s prognosis, to measure changes in a patient’s ability to function, or to decide if a patient could be included in a clinical trial.

Supratentorial: The upper portion of the brain comprised of the cerebrum and the diencephalon.

Karnofsky Performance Status Score
A 10 point scale used by healthcare providers to quickly evaluate how an individual is feeling. This scale is used within the clinical guidelines’ algorithm.

- 100 Able to work. Normal; No complaints; No evidence of disease.
- 90 Able to work. Able to carry on normal activity; Minor symptoms.
- 80 Able to work. Normal activity with effort; some symptoms.
- 70 Independent; not able to work. Cares for self; Unable to carry on normal activity.
- 60 Disabled; dependent. Requires occasional assistance; cares for most needs.
- 50 Moderately disabled; dependent. Requires considerable assistance and frequent care.
- 40 Severely disabled; dependent. Requires special care and assistance.
- 30 Severely disabled. Hospitalized, death not imminent.
- 20 Very sick. Active supportive treatment needed.
- 10 Moribund. Fatal processes are rapidly progressing.

Codes
The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

<table>
<thead>
<tr>
<th>Authorized CPT/HCPSC Codes</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4555</td>
<td>Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only</td>
</tr>
<tr>
<td>E0766</td>
<td>Electrical stimulation device used for cancer treatment, includes all accessories, any type</td>
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</table>

Effective
April 2022: Annual Review. Overview and Coverage sections changed to edit name of tumor to “glioblastoma”. Under Treatment Recurrence, added requirement “surgical and radiation options have been exhausted”.
References updated.
March 2021: Effective Date.

References


Noridian Healthcare Solutions, LLC. Local Coverage Determination (LCD): Tumor Treatment Field Therapy (TTFT) (L34823). Revision Effective Date: 01/01/2020. Available: https://med.noridianmedicare.com/web/jddme/policies/lcd/active

Noridian Healthcare Solutions, LLC. Local Coverage Article: Tumor Treatment Field Therapy (TTFT) (A52711). Revision Effective Date: 01/01/2020. Available: https://med.noridianmedicare.com/web/jddme/policies/lcd/active


