

## Tumor Treatment Fields

<b>Policy ID:</b>	HHO-DE-MP-1244
<b>Approved By:</b>	Highmark Health Options – Market Leadership
<b>Provider Notice Date:</b>	12/15/2021; 05/01/2023
<b>Original Effective Date:</b>	01/15/2022; 06/01/2023
<b>Annual Approval Date:</b>	01/26/2022; 01/25/2023
<b>Last Revision Date:</b>	01/26/2022, 01/25/2023
<b>Products:</b>	Medicaid
<b>Application:</b>	All
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

### POLICY POSITION

No prior authorization is required.

Electrical fields, known as "tumor treatment fields" (TTF), are created by low intensity, alternating intermediate frequency (100-200 kilohertz [kHz]) electric currents delivered to the malignant tumor site by insulated electrodes placed on skin surface of the tumor site. As a result of the unique shape and electrical characteristics of dividing tumor cells, TTF exposure may damage the dividing cells through anti-microtubule mechanisms and could stop tumor growth while sparing normal tissue.

TTF therapy to treat glioblastoma multiforme (GBM) may be considered medically necessary as an adjunct to standard maintenance therapy with temozolomide in individuals with newly diagnosed GBM following initial treatment with surgery, radiotherapy, and/or chemotherapy when ALL of the following criteria are met:

- Adult patients aged 22 or older; and
- Supratentorial tumor; and
- Karnofsky Performance Status (KPS) score greater than or equal to 60 and
- Individual understands device use, including the requirement for a shaved head and is willing to comply with use criteria according to the Food and Drug Administration, including wearing the device at least 18 hours daily.

TTF may be considered medically necessary for continued use when ALL of the following criteria are met:

- MRI scan or related imaging has been performed less than 2-4 months prior to request and documents no evidence of disease progression; and
- KPS score of greater than 60; and
- Documentation that the individual has been wearing the device at least 18 hours daily

TTF therapy not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore, noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

#### **KARNOFSKY PERFORMANCE STATUS (KPS)**

A scale measuring the ability of individuals 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.

<b>KPS</b>	<b>Definition</b>
100	Normal; no complaint; no evidence of disease
90	Able to carry on normal activity; minor signs of symptoms of disease
80	Normal activity with effort; some sign or symptoms of disease
70	Cares for self; unable to carry on normal activity or do active work
60	Requires occasional assistance, but is able to care for most personal needs
50	Requires considerable assistance and frequent medical care
40	Disabled; requires special care and assistance
30	Severely disabled; hospitalization is indicated, although death not imminent
20	Very sick; hospitalization necessary; active support <b>treatment</b> is necessary
10	Moribund; fatal processes progressing rapidly
0	Dead

### Noncovered Service

TTF not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore, noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature. Examples of conditions include but are not limited to the following:

- Brain metastases
- Cancer in areas other than the brain
- As an adjunct to standard medical therapy (pemetrexed and platinum-based chemotherapy) for individual with malignancy pleural mesothelioma

### Covered Procedure Codes

Code	Descriptio
A4555	Electrode/transducer For Use With Electrical Stimulation Device Used For Cancer Treatment, Replacement Only.
E0766	Electrical Stimulation Device Used For Cancer Treatment, Includes All Accessories, Any Type.

### Covered diagnosis codes for procedure Codes A4555 and E0766

C71.0	C71.1	C71.2	C71.3	C71.4
C71.5	C71.6	C71.7	C71.8	C71.9

### References

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**POLICY UPDATE HISTORY**

01/26/2022	Approved in Medical Policy Committee
02/22/2022	Approved in QI/UM
01/25/2023	Annual review; approved in Medical Policy Committee
01/31/2023	Approved in QI/UM