

Oregon Health Plan Prioritized List changes

Indications for Proton Beam Therapy

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on January 14, 2016, based on the approved coverage guidance, “Indications for Proton Beam Therapy.” The changes will take effect on the Prioritized list of Health Services for the Oregon Health Plan on October 1, 2016.

HERC Decisions:

- 1) **Add proton beam therapy codes (77520, 77522, 77523,77525) to the following lines:**
 - a. 97 CHILDHOOD LEUKEMIAS
 - b. 133 GRANULOMATOSIS WITH POLYANGIITIS
 - c. 195 CANCER OF BREAST; AT HIGH RISK OF BREAST CANCER
 - d. 205 CANCER OF BONES
 - e. 242 ACUTE PROMYELOCYTIC LEUKEMIA
 - f. 280 CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA
 - g. 292 CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX
 - h. 402 ACUTE MYELOID LEUKEMIA
 - i. 403 MYELOID DISORDERS
- 2) **Remove proton beam therapy codes** from Line 377 BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS
- 3) **Add a new guideline note**

GUIDELINE NOTE XXX PROTON BEAM THERAPY FOR CANCER

Lines 97, 117, 130, 133, 195, 205, 242, 280, 292, 299, 377, 402, 403

Proton beam therapy is included on lines 117 CANCER OF EYE AND ORBIT, 130 BENIGN NEOPLASM OF THE BRAIN AND SPINAL CORD and 299 CANCER OF BRAIN AND NERVOUS SYSTEM.

Proton beam therapy is included on lines 133, 205, and 292 only for: malignant skull base, paranasal sinus (including lethal midline granuloma), spinal, and juxtaspinal tumors .

Proton beam therapy is additionally included on lines 97, 195, 242, 280, 402, and 403 only for pediatric malignant tumors (incident cancer under age 21.)