GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Glioblastoma (GBM) is a fast-growing glioma that develops from glial cells in the brain. GBM is the most prevalent and malignant intracranial tumor, representing as much as 30% of primary brain tumors. The overall prognosis is poor, even with the best standard of care. With optimal treatment, the median survival time is approximately 10 to 14 months. Only a third of patients survive for 1 year following diagnosis of GBM, and < 5% live beyond 5 years. Patients with recurrent GBM have a median survival time of just 5 to 7 months.

The incidence of GBM has been shown to increase with age, and is more common in men than women. Exposure to therapeutic or high-dose radiation and rare familial syndromes has been linked to GBM. The current standard of care for newly diagnosed GBM patients is debulking surgery, followed by combination chemotherapy using temozolomide (TMZ) and radiation therapy. Virtually all patients with newly diagnosed GBM relapse despite best available treatment, with a median time to recurrence of approximately 7 months. At the time of disease recurrence, treatment options for GBM patients are limited. Approximately 20% of patients may undergo repeat surgery. Carmustine polymer wafers may be placed intraoperatively in the surgical cavity during repeat surgery. Rarely, patients may undergo reirradiation. For the majority of recurrent GBM patients, chemotherapy is indicated. In the United States, combination treatment with chemotherapy and the angiogenesis inhibitor bevacizumab has been approved for recurrent GBM and certain other cancers. However, approximately 40% to 60% of recurrent GBM patients are either unresponsive to bevacizumab or experience serious adverse events following treatment.

Novocure (also referred to as Optune or NovoTFF-100A System) is a novel device that emits alternating electric fields that disrupt the rapid cell division exhibited by cancer cells. Novocure has been approved for use in patients with recurrent glioblastoma (GBM) or as a concomitant treatment with temozolomide (TMZ) in patients with newly diagnosed GBM. Its use has also been investigated within clinical trials in patients with cancers other than GBM, including non-small cell lung cancer (NSCLC).

POLICY
Tumor treatment fields therapy (E0766) is non-covered for all product lines.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount does not cover tumor treatment fields therapy for any indication because it is considered experimental, investigational or unproven.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>HCPCS CODES</th>
<th>Description</th>
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<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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TAWG REVIEW DATES: 05/27/2016

REVISION HISTORY EXPLANATION
05/27/16: Policy created to reflect most current clinical evidence per TAWG.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services