

	Proton Beam Therapy	
	Policy Number: POL-PP-223	Original Creation Date: 11/1/2020
	Version Number: 05	Version Effective Date: 11/1/2020
	Policy Status: Active	Next Review Date: 11/1/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Photon Beam Therapy is a type of radiation therapy that uses x-rays or gamma rays that come from a special machine called a linear accelerator. The radiation dose is delivered to the surface of the body and goes into the tumor and through the body

Policy

For clinical indications of Proton beam therapy please see Medical Policy (MCG) BKC-A-0389 Proton Beam Therapy.

Proton Beam Therapy that is done for conditions without medically necessary criteria as outlined in the MCG policy will be reimbursed at Photon Beam Therapy rates.

Coding

CPT	Code Description
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; intermediate
77525	Proton treatment delivery; complex

References and Resources

Blue KC Provider Reference guide
American Medical Association CPT Manual
MCG BKC-A-0389 Proton Beam Therapy

Related Documents

MCG BKC-A-0389 Proton Beam Therapy

Revision History

Version	Date	Summary of Revisions
001	11/1/2021	Initial version
002	11/1/2022	Annual review, reference for medical necessity was changed from Blue KC Policy to MCG
003	11/1/2023	Annual review, no updates, or changes were made to the policy
004	11/1/2024	Annual review, no updates, or changes were made to the policy
005	11/1/2025	Annual review, no updates, or changes were made to the policy