

	Tumor Treating Field Therapy	
	Policy Number: POL-PP-115	Original Creation Date: 10/1/2019
	Version Number: 008	Version Effective Date: 10/1/2025
	Policy Status: Active	Next Review Date: 10/1/2026

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 checked="" 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

Tumor treating fields (TTF) therapy is a noninvasive technology intended to treat glioblastoma and malignant pleural mesothelioma on an outpatient basis and at home using electrical fields. Glioblastoma multiforme (GBM) is the most common and deadly malignant brain tumor. It has a very poor prognosis and is associated with low quality of life during treatment.

Malignant pleural mesothelioma is an aggressive tumor with few treatment options that is associated with significant morbidity and mortality.

Policy

Please see MCG A-0930 Alternating Electric Field Therapy for medical necessity indications.

Coding

CPT	Code Description
77299	Unlisted procedure, therapeutic radiology clinical treatment planning Electrode/transducer for use with electrical stimulation device used for cancer treatment,
A4555	replacement only (Not valid for Medicare purposes)
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type

References and Resources

MCG A-0930 Alternating Electric Field Therapy

Related Documents

MCG A-0930 Alternating Electric Field Therapy

Revision History

Version	Date	Summary of Revisions
001	10/1/2019	Initial version
002	10/01/2020	Annual review, no updates or changes were made to the policy
003	10/1/2021	Annual review, no updates or changes were made to the policy
004	10/1/2022	Annual review, no updates or changes were made to the policy
005	10/1/2023	Annual review, no updates or changes were made to the policy
006	10/1/2024	Annual review, no content was changed , removed medical necessity indications reference made to Milliman Care Guidelines A-0930 Alternating Electric Field Therapy
007-008	10/1/2025	Annual review, no updates or changes were made to the policy. Catching up policy numbers to match with LogicGate