Sentara® Health Plans

Medicare

Neutron Beam Therapy (NBT)

Table of Content

Effective Date	10/2007
Next Review Date	2/15/2024
Coverage Policy	Medical 202
Version	5

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details*.

Purpose:

This policy addresses the medical necessity of Neutron beam therapy (NBT).

Description & Definitions:

Neutron beam therapy (NBT) is a type of external radiation treatment in which high energy neutrons target a direct location.

Criteria:

Neutron beam therapy is considered medically necessary for **All of the following:**

- Individual has a salivary gland tumor
- Individual's tumor is **1or more of the following:**
  - Inoperable
  - Unresectable
  - Locally advanced and individual has gross residual disease

Neutron beam therapy is considered **not medically necessary** for uses other than those listed in the clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)

Considered Not Medically Necessary:

Coding	Description

	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2016: March, April
- 2015: March
- 2014: April, October, November
- 2013: March, October
- 2012: March, November
- 2011: January, March, May, July
- 2010: August
- 2009: July
- 2008: July

Reviewed Dates:

- 2023: February
- 2022: February
- 2021: March
- 2020: March
- 2018: October
- 2017: December
- 2014: March
- 2010: July, December

Effective Date:

- October 2007

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Keywords:

neutron beam radiation, shp medical 202, salivary gland tumor