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Medicare Advantage Policy Manual

Policy ID: M-DME85

Tumor Treatment Field Therapy (TTFT)

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Tumor-treatment fields (TTF) therapy is a noninvasive technology that is intended to treat glioblastomas (also known as glioblastoma multiforme, or GBM) using electrical fields.

MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals*

For **the NovoTAL System software program (CPT code 77299)**:

Services "related to" non-covered services are also considered non-covered services under Medicare. Therefore, if the criteria for tumor treatment field therapy (TTFT) under Noridian LCD (see below) are not met, the related NovoTAL

Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, [§180 - Services Related to and](#)

	software program would also be considered non-covered under Medicare.	Required as a Result of Services Which Are Not Covered Under Medicare
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National Coverage Determinations (NCDs)* None

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles

<i>Tumor Treatment Field Therapy (TTFT)</i>	LCD L34823
Policy specific documentation requirements with coding guidelines for <i>Tumor Treatment Field Therapy (TTFT)</i>	A52711
Standard Documentation Requirements for All Claims Submitted to DME MACs	A55426

**Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Indicate if the request is for an **initial** request or **continued use**;
- History and Physical/Chart Notes (include indication being treated [e.g., Glioblastoma Multiforme or GBM, etc.], the Karnofsky Performance Score [KPS], the planned daily use of the device, adherence to therapy [if the request is for continued use]).
- Documented initial treatment with maximal debulking surgery (when feasible), chemotherapy and radiotherapy;
- Documentation of **no** evidence of progression; and,
- Documentation of a re-evaluation (if the request is for continued use of the system).

REGULATORY STATUS

The Optune™, formerly known as NovoTTF-100A™ System, (Novocure Inc.) was approved by the U.S. Food & Drug Administration (FDA) in April 2011 to deliver TTF therapy.

CROSS REFERENCES

None

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None

CODING

NOTE: There is no specific code for the NovoTAL System software program. Some may submit CPT code 77261. Unlisted CPT code 77299 is more appropriate.

HCPCS code A4555 is defined as a Medicare Status “I” code and is not recognized by Medicare or Medicare Advantage plans. See also the Noridian Article A52711 for non-coverage of HCPCS A4555.

Codes	Number	Description
CPT	77261	Therapeutic radiology treatment planning; simple
	77299	Unlisted procedure, therapeutic radiology clinical treatment planning
HCPCS	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only (<i>Not valid for Medicare purposes</i>)
	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.