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Number of pages including this cover sheet: 55

From: 6514148203

To: 18663731081

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Date: 5/4/2021 9:00:57 AM

From: MMSC, LLC

EMORY PROTON THERAPY CENTER
GEORGIA PROTONCARE CENTER
MMBC, LLC.

Page: 01/54

615 PEACHTREE ST NE

ATLANTA, GEORGIA 30308-7302

P:410-706-4528 F:443-836-4046

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RE: ID: DOB:

URGENT 2ND LEVEL APPEAL REQUEST, CASE# A120882651

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS

PLEASE ACCEPT THIS URGENT 2^{NO} LEVEL APPEAL REQUEST ON BEHALF OF JIMMY LOO (ID: 945208633 DOB: 12/2/1964) FOR PROTON BEAM RADIATION THERAPY ORDERED BY DR. SOUMON RUDRA (TAX ID: 82-0845208) FOR A DIAGNOSIS OF C49.0. THIS TREATMENT WILL BE RENDERED AT THE PHYSICIAN'S FREESTANDING LOCATION, EMORY PROTON THERAPY CENTER (FREESTANDING OFFICE TAX ID: 82-0845208 ADDRESS: (615 PEACHTREE ST NE., ATLANTA, GA 30308) FOR A TOTAL OF 45 VISITS FOR A 6 MONTH TIME PERIOD. ALL APPLICABLE CPT CODES FOR THIS TREATMENT ARE LISTED BELOW. PLEASE CALL ME DIRECTLY SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS. THANK YOU!

77523, 77522, 77525, 77263, 77334, 77470, 77321, 77370, 77301, 77338, 77300, 77293, 77427, 77336, 77014, 77387, G6002, (ALL FOR 45 VISITS)

****CANCER DIAGNOSIS- PLEASE MARK URGENT****

****COMPARATIVE PLAN ATTACHED, PLEASE CONTACT ME FOR COLOR COPY

KERRY MURPHY BILLING COORDINATOR MMBC. LLC. 410-706-4528 (DIRECT) 443-836-4046 (FAX)

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PAGE 1/64 * RCVD AT 6/3/2021 3:66:11 PM [Central Daylight Time] * APVEP41317 * DNt8:9663731081 * UID: CA160902D639DFE * C8/D:14439364046

Fax: 4438364046

To: 18663731081

From: MMSC, LLC

Fax: 4438364046



Department of **Radiation Oncology**

Page: 02/54

April 21, 2021

Re: Jimmy Loo

DOB: 12/02/1964

Reference #: A120661365

Dear Sir/Madam:

I am writing this letter on behalf of my patient, Jimmy Loo, to appeal the recent denial for use of proton therapy for treatment of a recurrent squamous cell carcinoma in the left neck. He has a history of stage IVB T4aN3b squamous cell carcinoma of the hypopharynx and completed chemoradiation on 12/2/2019 with a dose of 70 Gy in 35 fractions. He required a salvage left neck dissection in 5/14/2020 for residual disease. I am requesting that a radiation oncologist, specifically one with experience in treating patients with both protons and photons/X-rays, review this case in appeal.

I have included a brief description of Jimmy Loo's history of present illness and our recommendations below:

Mr. Loo is a 56 year old man with history of T4aN3b squamous cell carcinoma of the hypopharynx who completed chemoradiation to 70Gy on 12/2/2019. He underwent subsequent salvage left neck dissection with pec flap on 5/14/20 with residual foci of disease found on surgical pathology. He now has biopsy proven left neck squamous cell carcinoma recurrence. He is planned for salvage surgery with plans for post-operative re-irradiation. Sparing of the surrounding normal tissue cannot be achieved with standard radiation therapy techniques.

In order to evaluate the anticipated individual clinical benefits of proton therapy in Jimmy Loo's care, comparative treatment planning was performed using our institutional standard techniques. Jimmy Loo is planned for surgery and postoperative radiation. Given the short timeframe for initiation of postoperative radiation treatment in head and neck cancer, preoperative imaging has been used which approximates the anticipated postoperative treatment volume. For photon (X-ray) therapy, a volume tric modulated arc therapy plan was developed (an advanced form of IMRT). For proton therapy, the plan is using pencil beam scanning proton therapy. Based on analysis of this comparative planning, proton therapy is recommended for Jimmy Loo in order to reduce the immediate

PROTON THERAPY CENTER WINSHIP CANCER INSTITUTE

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and late toxicities of head and neck radiotherapy especially in the setting of re-irradiation.

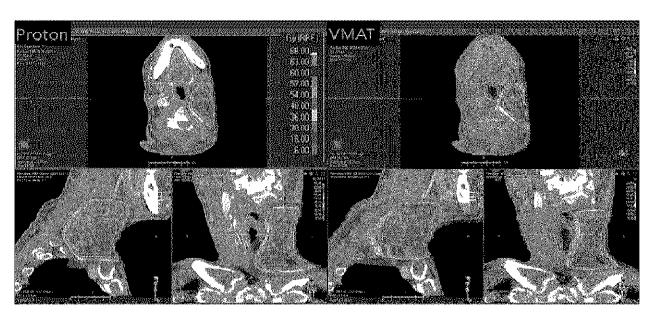
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Proton therapy is recommended to reduce the radiation dose to all structures in the head and neck but especially the oral cavity which may result in a decreased risk of mucositis as well as a decreased risk of acute or late complications for all structures in the head and neck given prior high dose radiation.

According to the most recent version of the American Society for Radiation Oncology (ASTRO)'s model policy on proton beam therapy [1], re-irradiation cases are considered "Group 1" disease site for which medical necessity requirements and published clinical data support the use of proton therapy. ASTRO's model policy is meant to efficiently communicate what ASTRO believes to be correct coverage policies for radiation oncology services. Jimmy Loo has been offered participation in our multi-institutional registry study for patients treated with proton therapy (NCT02040467). This prospective outcome tracking study also meets ASTRO's recommendations for coverage with evidence development. Current NCCN clinical practice guidelines (v3.2019) support the use of proton therapy as a radiation treatment approach for head and neck cancers especially in the setting of re-irradiation.

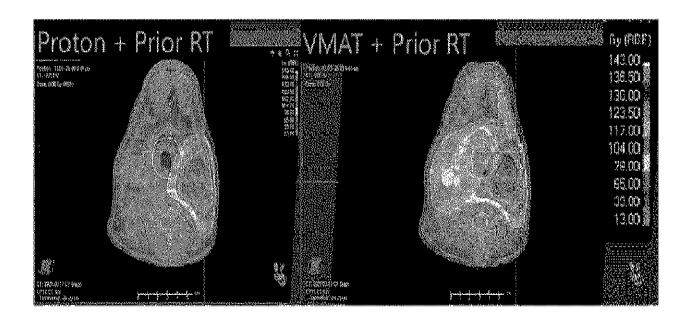
Representative screen shots and the dose volume histogram from the comparative planning follow, with the **Proton plan on the Left** and the **IMRT plan on the Right**:

Screenshot(s) of comparative treatment plans

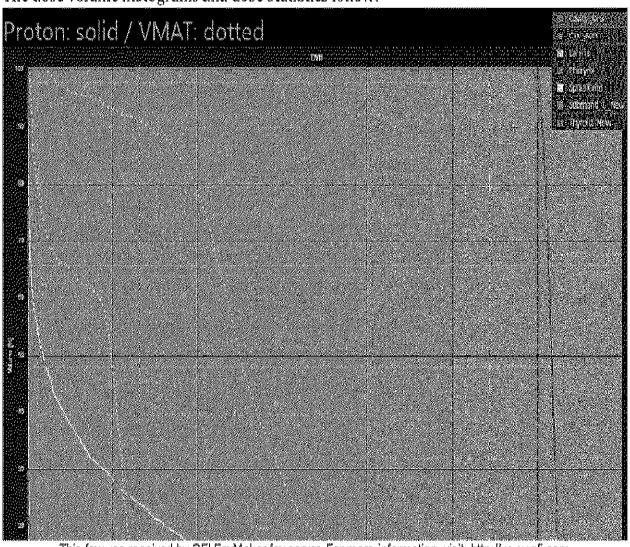


[1] American Society for Radiation Oncology, Model Policy for Proton Beam Therapy, available online www.astro.org, approved June 2017.

Letter of Medical Necessity Reference #: A120661365 5/3/2021 16:55:02 EDT To: 18663731081 Page: 04/54 From: MM8C, LLC Fax: 4438364046



The dose volume histograms and dose statistics follow:



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