

Electric Tumor Treatment Fields

- Also known as**
1. Alternating electric fields therapy
 2. Electric tumor treatment fields
 3. Optune System
 4. Tumor treating fields (ttfields)
 5. Tumor treatment field therapy

Description

Optune is a device used to treat adult patients with recurrent glioblastoma multiforme (GBM), a form of brain cancer. It is a portable, battery-operated medical device that connects to the scalp. Optune creates an electric field around the tumor to disrupt the growth and reproduction of cancer cells in the brain. The patient generally wears the device continuously (18-24 hours per day), for at least four weeks.

- See also**
- Similar, related, or easily confused documents.
- [Repetitive Transcranial Magnetic Stimulation \(rTMS\)](#) - Magnetic stimulation of the cerebral cortex of the brain. It is thought to lead to release of chemicals such as serotonin, norepinephrine, and dopamine.

Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
5.3.22	Updated to new template.
5.3.22	Updated throughout to CP from UM.

Commercial

Introduction This section applies to all Commercial members.

Benefits A Coverage Policy, *Electric Tumor Treatment Fields*, is on medica.com.

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
- If eligible, covered under surgical benefits. Include physician, hospital, and anesthesia benefits.
- **Clinic POS:** Also quote office visit benefits when done in the clinic.
- For investigative indications, not covered.

Document history The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
5.3.22	Updated to new template.

Government Programs

Introduction

This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC),

[Medicaid only groups](#):

- Refer to [Medicaid](#) below.

Minnesota Senior Care Plus (MSC+)

[Medicare eligible groups](#):

- A Medicare Local Coverage Determination (LCD), *Tumor Treatment Field Therapy (TTFT)*, is on [cms.gov](#).
 - If eligible, covered under durable medical equipment (DME) benefits.
 - If not eligible, not covered.
 - Medicare is the primary payer.
 - Follows Medicare guidelines.
 - If no Medicare eligibility, Medicaid applies. Refer to [Medicaid](#) below.
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AccessAbility Enhanced (SNBC SNP),

A Medicare Local Coverage Determination (LCD), *Tumor Treatment Field Therapy (TTFT)*, is on [cms.gov](#).

DUAL (MSHO)

- If eligible, covered under durable medical equipment (DME) benefits.
 - If not eligible, not covered.
 - Medica is the only payer.
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Advantage

A Medicare Local Coverage Determination (LCD), *Tumor Treatment Field Therapy (TTFT)*, is on [cms.gov](#).

- If eligible, covered under durable medical equipment (DME) benefits.
 - If not eligible, not covered.
 - Medica is the only payer.
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Advantage PartnerCare (I- SNP)

A Medicare Local Coverage Determination (LCD), *Tumor Treatment Field Therapy (TTFT)*, is on [cms.gov](#).

- If eligible, covered under durable medical equipment (DME) benefits.
 - If not eligible, not covered.
 - Medica is the only payer.
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INTERNAL

Government Programs, Continued

- Medicaid (SPP)** A Coverage Policy, *Electric Tumor Treatment Fields*, is on [medica.com](https://www.medicare.com).
- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
 - If eligible, covered under surgical benefits. Include physician, hospital, and anesthesia benefits.
 - For investigative indications, not covered.
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- Prime** A Medicare Local Coverage Determination (LCD), *Tumor Treatment Field Therapy (TTFT)*, is on [cms.gov](https://www.cms.gov).
- If eligible, covered under durable medical equipment (DME) benefits.
 - If not eligible, not covered.
 - **Reminder:** Members can use non-Medica Service Area providers. Refer to [Out-of-MSA Benefits](#).
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- Select, Signature** A Medicare Local Coverage Determination (LCD), *Tumor Treatment Field Therapy (TTFT)*, is on [cms.gov](https://www.cms.gov).
- If eligible, covered under durable medical equipment (DME) benefits.
 - If not eligible, not covered
 - Medicare supplement. Medicare is the primary payer.
 - Follows Medicare guidelines.
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Document history The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
5.3.22	Updated to new template.

Individual and Family Business (IFB)

Introduction

This section applies to all Individual and Family Business (IFB) members.

Benefits

A Coverage Policy, *Electric Tumor Treatment Fields*, is on medica.com.

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
 - If eligible, covered under surgical benefits. Include physician, hospital, and anesthesia benefits.
 - **Clinic POS:** Also quote office visit benefits when done in the clinic.
 - For investigative indications, not covered.
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Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
5.3.22	Updated to new template.

Medica Health Plan Solutions (MHPS)

Introduction This section applies to all Medica Health Plan Solutions (MHPS) members.

Mayo Medical Plan A Coverage Policy, *Electric Tumor Treatment Fields*, is on medica.com.

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
 - **May require prior authorization.** If the item is OVER \$3,000, PA applies.
 - Provider can submit a [Prior Authorization Request](#).
- If eligible, covered under surgical benefits. Include physician, hospital, and anesthesia benefits.
- **Clinic POS:** Also quote office visit benefits when done in the clinic.
- For investigative indications, not covered.

All others A Coverage Policy, *Electric Tumor Treatment Fields*, is on medica.com.

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
- If eligible, covered under surgical benefits. Include physician, hospital, and anesthesia benefits.
- **Clinic POS:** Also quote office visit benefits when done in the clinic.
- For investigative indications, not covered.

Document history The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
5.3.22	Updated to new template.

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Medica Health Plan Solutions (MHPS), Continued

Applicability

Business Segments		
<input checked="" type="checkbox"/> All <input type="checkbox"/> AHP <input type="checkbox"/> COM- (All) <input type="checkbox"/> GOVT- (All) <input type="checkbox"/> IFB <input type="checkbox"/> MHPS <input type="checkbox"/> PSC		
Specific Clients/Products		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
Platform or System		
<input type="checkbox"/> All <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
Departments		
<input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Multiple: <input type="checkbox"/> Other:		
Approved By	Document Owner	Date
A-Z Review Team	KNTWs	5.3.22

INTERNAL