CareSource

MEDICAL POLICY STATEMENT
Nevada Medicaid

Policy Name & Number	Date Effective
Tumor Treatment Field Device Therapy-NV MCD-MM-1861	11/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are developed from a review of the available evidence-based, clinical information based on and supported by clinical guidelines from medical specialties, peer-reviewed medical and scientific studies, nationally recognized utilization and technology assessment guidelines, and other medical management industry standards to aid in determining the medical necessity of a service. Medically necessary services are defined in the plan-specific Evidence of Coverage, Member Handbooks, Provider Manuals, Medical Policy Statements, and/or other plan policies and procedures.

Medical Policy Statements do not guarantee an authorization or payment of services. Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Medical Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

Table of Contents

A. Subject 2
B. Background 2
C. Definitions 2
D. Policy 3
E. Conditions of Coverage 4
F. Related Policies/Rules 4
G. Review/Revision History 4
H. References 4

A. Subject

Tumor Treatment Field Device Therapy

B. Background

Glioblastoma multiforme is the most common central nervous system malignancy of the brain accounting for 47.7% of all cases. Median age of diagnosis is 64 years, and it is more common in men as compared to women. Management of the disease follows a combined-modality approach, including adjuvant postoperative radiation therapy and adjuvant chemotherapy following initial surgery. Surgery remains the mainstay of treatment in order to remove as much tumor as possible while preserving surrounding brain tissue required for normal brain function. Despite tumor debulking measures, glioblastoma tumors infiltrate surrounding tissues creating little success for removal of the entire tumor (AANS, 2020). Glioblastoma has a high rate of recurrence and poor overall survival rate even with optimum therapy treatments, with approximately 40% survival in the first year post diagnosis and 17% in the second year.

Lung cancer is the leading cause of cancer-related mortality in the United States. The 5-year relative survival rate from 2014 to 2020 for patients with lung cancer was 27%. The 5-year relative survival rate varies markedly for patients diagnosed at local stage (64%), regional stage (36%), or distant stage (9%). Non-Small Cell Lung Cancer (NSCLC) is any type of epithelial lung cancer other than small cell lung cancer (SCLC). The most common types of NSCLC are squamous cell carcinoma, large cell carcinoma, and adenocarcinoma, but there are several other types that occur less frequently, and all types can occur in unusual histological variants. Although NSCLCs are associated with cigarette smoke, adenocarcinomas may be found in patients who never smoked.

Tumor treating field devices (TTF) are a novel method of cancer treatment involving emitting alternating electric fields to disrupt the rapid cell division exhibited by cancer cells. This treatment first became available in 2011 to treat recurrent glioblastoma. TTF is considered safe with no systemic toxicity observed and only mild to moderate side effects (reported in 1-2% of patients) involving the skin beneath transducer arrays. Patients are required to wear the device at least 18 hours a day for effectiveness and minimum treatment duration is 4 weeks. Randomized clinical trial results suggest the device improves overall survival when combined with monthly temozolomide in patients with newly diagnosed glioblastoma in the post radiation setting.

C. Definitions

- **Glioblastoma Multiforme (GBM)** – Also referred to as a grade IV astrocytoma, is a fast-growing and aggressive brain tumor. It invades the nearby brain tissue, but generally does not spread to distant organs.
- **Karnofsky Performance Status (KPS)** – An index that classifies the functional impairment of patients. This can be used to compare the effectiveness of different therapies and to assess the prognosis in individual patients. The lower the Karnofsky score, the worse the survival for most serious illnesses.

- **Medically Necessary** – "Services which are necessary for the diagnosis or treatment of disease, illness, and injury, and meet accepted guidelines of medical practice. A medically necessary service must be related to the illness or injury for which it is performed regarding type, intensity, and duration of service and setting of treatment."
- **Non-Small Cell Lung Cancer (NSCLC)** – A group of lung cancers named for the kinds of cells found in the cancer and how the cells look under a microscope. The three main types of non-small cell lung cancer are adenocarcinoma (most common), squamous cell carcinoma, and large cell carcinoma.
- **Response Assessment in Neuro-Oncology (RANO)** – A working group established to improve the assessment of tumor response and selection of end points, specifically in the context of clinical trials.
- **Tumor Treatment Fields (TTF)** – Mild electrical fields that vibrate through the skin of the scalp and disturb cancer cells' ability to divide, possibly slowing tumor growth and spread.

D. Policy

I. Tumor treatment field devices are considered medically necessary for the following:

A. Glioblastoma multiforme

1. Initial treatment is considered medically necessary when **ALL** the following criteria have been met:
   a. The member has a new diagnosis of GBM (grade IV astrocytoma).
   b. The member is 22 years or older.
   c. The member has received initial treatment with surgery when reasonable.
   d. TTF therapy is initiated within 7 weeks from the last dose of chemotherapy or radiotherapy.
   e. The member has a Karnofsky Performance Scale (KPS) index of at least 60.
   f. TTF treatment will be used for an average of 18 hours per day.
2. Continued coverage (beyond first 3 months of therapy) for newly diagnosed GBM and documentation of clinical benefit demonstrates **ALL** the following:
   a. in-person clinical re-evaluation by treating practitioner
   b. objective evidence of adherence to therapy, reviewed by treating practitioner
   c. maintain KPS of at least 60
   d. if KPS is unavailable, then no evidence of progression by Response Assessment in Neuro-Oncology (RANO) criteria
   e. reevaluation performed every 6 months

B. Non-Small Cell Lung Cancer (NSCLC)
Treatment is considered medically necessary when **ALL** the following criteria have been met:

1. NSCLC metastatic disease with progression on or after platinum-based therapy
2. TTF therapy is administered in combination with atezolizumab, nivolumab, pembrolizumab, or docetaxel

II. The following is a list of contraindications for TTF treatment (not all inclusive):
   A. cardiac pacemaker or implantable defibrillator
   B. deep brain, spinal cord, or vagus nerve stimulator
   C. major skull defect (eg, missing section of calvarium)
   D. metal within brain (eg, aneurysm clip, bullet fragment)
   E. programmable ventriculoperitoneal shunt
   F. pregnancy
   G. known sensitivity to conductive hydrogels (eg, gels used on electrocardiogram)
   H. ECG stickers or transcutaneous electrical nerve stimulation (TENS) electrodes

III. CareSource considers TTF therapy for GBM and NSCLC only. Treatment of any other tumors is not medically necessary and experimental/investigational.

IV. The use of enhanced treatment planning software (Novotal) is non-covered because CareSource considers it to be experimental/investigational for **ALL** indications.

E. Conditions of Coverage
N/A

F. Related Policies/Rules
N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	11/05/2025	New Policy.
Date Revised	08/12/2026	Annual review: Added 2.e. reevaluation performed every 6 months. Updated references. Approved at Committee
Date Effective	11/01/2026	
Date Archived		

H. References
1. Alternating Electric Field Therapy 30th ed. ACG: A-0930 (AC). 2026. Accessed July 8, 2026. www.careweb.careguidelines.com
2. Batchelor T. Initial treatment and prognosis of IDH-wildtype glioblastoma in adults. UpToDate. Updated Dec 15, 2025. Accessed July 8, 2026. www.uptodate.com
3. Burri SH, Gondi V, Brown PD, Mehta MP. The evolving role of tumor treating fields in managing glioblastoma: guide for oncologists. *Am J Clin Oncol*. 2018;41(2):191-196. doi:10.1097/COC.0000000000000395
4. Chukwueke UN, Wen PY. Use of the Response Assessment in Neuro-Oncology (RANO) criteria in clinical trials and clinical practice. *CNS Oncol*. 2019;8(1):CNS28. doi:10.2217/cns-2018-0007
5. Fernandes C, Costa A, Osório L, et al. Current standards of care in glioblastoma therapy. In: De Vleeschouwer S, ed. *Glioblastoma*. Codon Publications; 2017. Accessed July 8, 2026. www.ncbi.nih.gov

6. Glioblastoma multiforme. American Association of Neurological Surgeons. Accessed July 8, 2026. www.aans.org
7. Health Technology Assessment: Tumor Treatment Fields (Optune) for Treatment of Glioblastoma. Hayes; 2019. Reviewed January 5, 2023. Accessed July 8, 2026. www.hayesinc.com
8. Kanderi T, Gupta V. Glioblastoma Multiforme. In: *StatPearls*. Treasure Island (FL): StatPearls Publishing; 2022. Accessed July 8, 2026.
9. Karnofsky Performance Status Scale definitions rating criteria. National Palliative Care Research Center. Accessed July 8, 2026. www.npcrc.org
10. Katiyar V, De Jesus O. Tumor Treatment Fields in Oncology. In: StatPearls. Treasure Island (FL): StatPearls Publishing; August 23, 2023. Accessed July 8, 2026. www.ncbi.nlm.nih.gov
11. Non-Small Cell Lung Cancer. NIH, National Cancer Institute. Accessed July 8, 2026. www.cancer.org
12. *OPTUNE™ (NovoTTF™-100A System) Patient Information and Operation Manual*. Food and Drug Administration. Document QSD-QR-33 Accessed July 8, 2026. www.accessdata.fda.gov
13. Wen PY, Chang SM, Van den Bent MJ, et al. Response assessment in neuro-oncology clinical trials. *J Clin Oncol*. 2017;35(21):2439-2449. doi:10.1200/JCO.2017.72.7511