

DENIAL OF CLAIM NOTIFICATION

Blue Cross Blue Shield of Illinois P.O. Box 805107, Chicago, IL 60680-4112

Date: April 25, 2026 **Member Name:** Angela Marie Thompson **Member ID:** BCBS-IL-991347820 **Group Number:** GRP-IL-55102 **Claim Number:** CLM-2026-0425-99134 **Date of Service:** April 2-3, 2026
Provider: Dr. Raj Patel, MD, PhD — Midwest Cancer Center **Provider NPI:** 7778889990 **Procedure Codes:**

- CPT 77523 (Proton beam treatment delivery, intermediate)
 - CPT 77263 (Therapeutic radiology treatment planning, complex) **Facility:** Midwest Proton Therapy Institute (NPI: 2233445566) **Diagnosis:** ICD-10 C50.912 (Malignant neoplasm of unspecified site of left female breast) **Billed Amount:** \$42,500.00 (initial fraction + planning) **Total Estimated Treatment Cost:** \$85,000.00 (28 fractions) **Allowed Amount:** \$0.00 **Member Responsibility:** \$42,500.00
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Notice of Adverse Benefit Determination

Dear Angela Marie Thompson,

This claim has been **denied** following medical review.

Reason for Denial

Denial Code: EX-401 — Experimental / Investigational Treatment

The proton beam radiation therapy (PBRT) for left-sided breast cancer does not meet BCBS of Illinois criteria for coverage. Per BCBS-IL Medical Policy #2025-RAD-008 ("Proton Beam Radiation Therapy"), PBRT is classified as **investigational** for the treatment of breast cancer.

Medical Policy Rationale:

1. Proton beam therapy for breast cancer has not been established as superior to conventional photon-based radiation (IMRT/3D-CRT) in published peer-reviewed randomized controlled trials.
2. While dosimetric studies demonstrate theoretical cardiac dose reduction with PBRT for left-sided breast cancer, no completed Phase III trial has demonstrated a statistically significant clinical benefit (reduced cardiac events, improved overall survival, or reduced secondary malignancy rates) compared to standard photon radiation techniques.
3. The RADCOMP trial (NCT02603341), the primary prospective RCT comparing PBRT vs. photon RT for breast cancer, has not yet published primary endpoint results.
4. NCCN Guidelines (v2.2026) list proton therapy for breast cancer as a Category 2B recommendation: "Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate."

This determination was reviewed by a board-certified radiation oncologist.

Your Appeal Rights

You may appeal within **180 days**. For experimental/investigational denials, your appeal should include:

1. Published peer-reviewed evidence supporting PBRT for breast cancer
2. A letter of medical necessity from your radiation oncologist detailing why PBRT is preferable to photon therapy in your specific clinical case

3. Dosimetric comparison showing meaningful cardiac dose reduction
4. Any applicable clinical trial enrollment documentation

Submit to: BCBS-IL Appeals, P.O. Box 805107, Chicago, IL 60680-4112 | Fax: (800) 555-0519

You may also request an **external review** by an IRO, which is recommended for experimental/investigational denials.

Sincerely,

Dr. Howard Klein, MD Medical Director, Oncology Services Blue Cross Blue Shield of Illinois

Reviewed by Dr. Howard Klein, MD, Board-Certified in Radiation Oncology. Reference: BCBS-IL Medical Policy #2025-RAD-008, effective March 1, 2025.