



**BlueCross BlueShield
of Illinois**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
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P.O. Box 1364
Chicago, IL 60690-1364

June 1, 2009

Luke Warner Mizell
1624 Banks St.
Houston, TX 77006

Re: Health Care Service Corporation (HCSC) Medical Policy on proton beam therapy for prostate cancer.

Dear Mr. Mizell:

Thank you for your letter of 05/16/09, regarding the proposed change in the HCSC medical policy relating to the use of proton beam therapy for treatment of prostate cancer.

HCSC has established a committee of medical directors to review HCSC's medical policy. The Medical Policy Medical Directors (MPMD), as the committee is called, reviews HCSC's medical policies on a periodic basis. The MPMD represent the Blue Cross and Blue Shield Plans of Texas, Illinois, New Mexico and Oklahoma. The medical policies are based on research that provides evidence of scientific merit for a particular medical technology. Technology determinations used in medical policies are based in part on criteria developed by the Blue Cross Blue Shield Association's Technology Evaluation Center (TEC). They are also based on data from the peer-reviewed scientific literature, from criteria developed by specialty societies and from guidelines adopted by other health care organizations. Medical policies are used as guidelines for coverage determinations in health care benefit programs, unless otherwise indicated. It is important to note that medical policies are not a guarantee of benefit coverage under any particular health benefit plan. In the event of a conflict between the medical policy and the terms of the member's health benefit plan, the terms of the benefit plan will govern.

The MPMD has undertaken another review of the use of proton beam therapy for the treatment of prostate cancer. Based upon that review the committee has concluded that although the evidence supporting proton beam therapy for prostate cancer is still emerging, it is sufficient to justify making no change in the HCSC coverage position at this time. The current policy (THE801.023) will remain in force and prostate cancer will remain an approved indication for proton beam therapy.

Thank you once again for sharing your interest in HCSC and its medical policies.

Sincerely,

Paul B Handel, M.D.
Senior Vice President, Chief Medical Officer
Health Care Service Corporation