

**TO: All Providers**

**RE: New York State Medicaid Coverage of Tumor Treatment Field Therapy**

**IMPACTED PLANS: Medicaid, HIV-SNP, and HARP**

Dear MetroPlusHealth Provider,

Effective 12/1/25, MetroPlusHealth will cover the provision of Tumor Treatment Field Therapy (TTFT) when billed under HCPCS code **E0766** for the treatment of Glioblastoma Multiforme. TTFT is described as alternating electric fields generated by an external device placed on the patient's head and delivered via ceramic transducers. These electric fields are designed to disrupt cancer cell division and inhibit tumor growth. MetroPlusHealth will cover this treatment per the DME Procedure Codes & Coverage Guidelines for our members, and it is **billable once a month**.

**Please note prior authorization is required.**

**Coverage Criteria:**

TTFT is covered **only when all the following criteria are met:**

- ✓ The member is 22 years of age or older; and a. Confirmation of non-pregnant status for women of child-bearing age.
- ✓ The member has received initial treatment with maximal debulking surgery, followed by chemotherapy and radiotherapy; and
- ✓ Tumor treatment field therapy is initiated within 7 weeks from the last dose of concomitant chemotherapy or radiotherapy, whichever is later; and
- ✓ The member has no evidence of progression by Response Assessment in Neuro-Oncology (RANO) criteria; and
- ✓ The member will use tumor treatment field therapy (TTFT) for an average of 18 hours per day.

**Important Notes:**

- **Initial Prior Approval-** If all criteria are met, TTFT will be approved for an **initial 3-month period**.
- TTFT will be **denied as not reasonable and necessary** for the treatment of **recurrent glioblastoma multiforme (GBM)**.

- . Reimbursement for **E0766** includes **both the treatment device and all associated supplies** for the duration of therapy

**Continued Coverage:**

To continue treatment beyond the initial 3 months:

- ✓ Between **Day 60 and Day 91** of therapy, the treating practitioner must complete a **clinical reevaluation**,
- ✓ There must be documentation that the beneficiary is **continuing to use and benefit from TTFT**.

For more details, please refer to the DME Procedure Code Manual, page 11 & 74:

[https://www.emedny.org/ProviderManuals/DME/PDFS/DME\\_Procedure\\_Codes.pdf](https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Procedure_Codes.pdf)

If you have any questions regarding this memo, please contact MetroPlusHealth at:

[ProviderRelationsOps@metroplus.org](mailto:ProviderRelationsOps@metroplus.org).

Thank you,

MetroPlusHealth