



Bulletin

Simply Healthcare Plans
Better Health
Clear Health Alliance

11/4/2016

*Intensity Modulated Radiation
Therapy (IMRT) Authorization
Requirements*

Intensity Modulated Radiation Therapy (IMRT) Authorization Requirements!

In order to provide our providers with excellent service, we need all the measurements mentioned in the IMRT criteria below when IMRT is requested to treat Primary Lung Cancers.

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Intensity Modulated Radiation Therapy (IMRT)

77418- Intensity modulated Treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session

0073T- Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or higher resolution (milled or cast) compensator convergent beam modulated fields, per treatment session

77301- Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications

77338- Multi-leaf collimator (MLC) devise(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

*Our goal is to "simply"
provide excellent service to
our partners.*

Contact Us

Provider Services: (877) 915-0551
Eligibility Verification, Prompt # 1
Referrals and Authorizations, Prompt # 2
Claims Status, Prompt # 3
Provider Relations, Prompt # 4
Pharmacy Department, Prompt # 5

Email: provideradministration@simplyhealthcareplans.com

Frequently Asked Questions •••

How can I obtain Medical Policies, Clinical UM Guidelines & AIM Specialty Health Guidelines?

- Use the following links to obtain guidelines:

<https://medicalpolicy.simplyhealthcareplans.com/>

<http://www.aimspecialtyhealth.com/marketing/guidelines/185/PDFs/Archived/2016/Jan/AIMGuidelinesRadiationOncology.pdf>

What if I need assistance?

- You may contact your local Provider Relations Representative or call our Provider Services team at 1-877-915-0551, Option 1.

Mailing Address:
9250 W. Flagler Street
Suite 600
Miami, FL 33174-3460

Radiation Oncology- Lung Cancer, Small Cell and Non-Small Cell

Commonly Used Modalities

Internal Radiation Therapy (Brachytherapy)

- 2D or 3D conformal
- Intensity Modulated Radiation Therapy (IMRT)
- Stereotactic Body Radiation Therapy (SBRT)

Radiation Oncology Considerations

Radiation therapy has a potential role for the treatment of lung cancers in all stages of disease.

For non-small cell lung cancer, radiation may be used as an adjunct to surgery. It may also serve as definitive therapy in unresectable disease. For unresectable stage II and III disease, concurrent chemoradiotherapy is considered standard of care, when tolerated. 3D conformal radiation typically provides optimal coverage of tumor volumes. IMRT may improve dose-volume constraints, but at the expense of increasing the volume of normal tissue exposed to low doses of radiation.

Stereotactic radiation may be used as definitive therapy in earlier stages of disease for patients who may not be candidates for invasive surgery. Furthermore, stereotactic radiation may be recommended for local palliation or prevention of symptoms such as hemoptysis, obstruction, or pain.

Radiation therapy is also used in all stages of small cell lung cancer, either as definitive treatment in combination with chemotherapy, or as palliative therapy. Concurrent chemotherapy is preferred to sequential chemotherapy with RT. Target volumes are best defined with pre-treatment PET/CT obtained at the time of radiotherapy planning. Consolidative thoracic radiation may be beneficial to select patients with extensive stage disease who have significant responses to standard chemotherapy.

The utility of 2D radiation is likely limited to palliative treatment of metastatic disease.

The minimum standard used to treat intrapulmonary lesions is 3D conformal, with CT planning. PET/CT is noted to significantly improve targeting accuracy. Tumor motion should be accounted for. The clinically appropriate use of more advanced modalities, such as IMRT and SBRT, are limited to specific clinical scenarios. It is the responsibility of the Radiation practice to create optimal treatment plans when evaluating modality choices for treatment. For review of metastatic sites, please refer to specific guidelines for the appropriate location (e.g., CNS Cancers for brain metastases and Lung Cancer for lung metastases).

Radiation Oncology Indications

2D or 3D conformal is appropriate for lung cancer if ANY of the following are met

- Primary lung cancers, for adjuvant, neoadjuvant, or definitive local treatment OR
- Palliation of metastatic lesions in the lung particularly symptomatic tumors requiring local control OR
- Prophylactic Cranial Irradiation (PCI), when indicated (see also CNS guideline)

Primary Lung Cancers

Non-Small Cell Lung Cancer

Intensity Modulated Radiation Therapy (IMRT) is appropriate for non-small cell lung cancer when ANY of the following conditions are met

- For adjuvant or definitive treatment in the curative setting
 - When a 3D plan has been performed and dose-volume constraints would lead to unacceptable risk for normal lung tissue toxicity such that (all must apply)
 - V20 exceeds 35% with 3D conformal plan (the percent of normal tissues receiving 20 Gy or more accounts for more than 35% of normal lung)
 - The comparison of the 3D conformal plan and the IMRT plan demonstrates that the IMRT plan will reduce the V20 by 10% as compared to the 3D conformal plan
 - V5 would be less than 65% (the percent of normal tissues receiving 5 Gy or more accounts for less than 65% of normal lung) with IMRT
 - Tumor motion has been accounted for during planning OR
 - When a 3D plan has been performed and dose-volume constraints would lead to unacceptable risk of cardiac toxicity: (Any constraints below is exceeded)
 - More than 50% of the heart receives 30 Gy (V30 < 50%)
 - More than 35% of the heart receives 45 Gy (V45 < 35%) OR
- To treat a previously irradiated field

Stereotactic Body Radiotherapy (SBRT) is appropriate for non-small cell lung cancer if ANY of the following conditions are met

- For an alternative to surgical resection when (all must apply)
 - Treatment intent is cure AND
 - There is no evidence of nodal or distant metastases based on conventional staging techniques (Stage IA, IB, or IIA with negative lymph nodes) AND
 - Single lesion measuring less than or equal to 5 cm AND
 - Lesion is inoperable for ANY of the following reasons:
 - Tumor location OR
 - Individual is not a surgical candidate due to a medical contraindication OR
- To treat a previously irradiated field

Brachytherapy is appropriate for non-small cell lung cancer when the following condition is met

- Endobronchial brachytherapy
 - Treatment of unresectable primary bronchial tumors that cannot be addressed by standard external beam radiotherapy techniques OR
 - Palliative treatment of obstructing endobronchial tumors

Small Cell Lung Cancer

Intensity Modulated Radiation Therapy (IMRT) is appropriate for small cell lung cancer when ANY of the following conditions are met

- For definitive treatment in the curative setting
 - When a 3D plan has been performed and dose-volume constraints would lead to unacceptable risk for normal lung tissue toxicity such that (all must apply)
 - V20 exceeds 35% with 3D conformal plan (the percent of normal tissues receiving 20 Gy or more accounts for more than 35% of normal lung) AND
 - The comparison of the 3D conformal plan and the IMRT plan demonstrates that the IMRT plan will reduce the V20 by 10% as compared to the 3D conformal plan AND
 - V5 would be less than 65% (the percent of normal tissues receiving 5 Gy or more accounts for less than 65% of normal lung) with IMRT AND
 - Tumor motion has been accounted for during planning
 - When a 3D plan has been performed and dose-volume constraints would lead to unacceptable risk of cardiac toxicity: (Any constraint below is exceeded)
 - More than 50% of the heart receives 30 Gy ($V_{30} < 50\%$)
 - More than 35% of the heart receives 45 Gy ($V_{45} < 35\%$) OR
- To treat a previously irradiated field

Stereotactic Body Radiotherapy (SBRT) is appropriate for small cell lung cancer when the following condition is met

- Only to treat a previously irradiated field

Brachytherapy is appropriate for small cell lung cancer when the following condition is met

- Endobronchial brachytherapy
 - Treatment of unresectable primary bronchial tumors that cannot be addressed by standard external beam radiotherapy techniques OR
 - Palliative treatment of obstructing endobronchial tumors

Metastatic Lesions in the Lung

Intensity Modulated Radiation Therapy (IMRT) is appropriate for metastatic lesions in the lung when the following condition is met

- Only to treat a previously irradiated field

Stereotactic Body Radiotherapy (SBRT) is appropriate for metastatic lesions in the lung when ANY of the following conditions are met

- To treat a metastatic lesion (all must be met)
 - Patient with a single metastatic lesion measuring less than 5 cm AND
 - Oligometastatic disease may be considered on a case-by-case basis
 - Individual has a good performance status (either must apply)
 - ECOG Scale 0, 1, or 2 OR
 - Karnofsky Scale greater than or equal to 70% AND
 - Extrapulmonary disease is stable or volume of disease is low with remaining treatment options AND
 - Intent is either:
 - Curative OR
 - Palliative, with a current symptom or anticipation of a symptom (for example, lesion is close to a major vessel and without local treatment, is anticipated to lead to hemoptysis or hemorrhage) OR
- To treat a previously irradiated field

Brachytherapy is appropriate for metastatic lesions in the lung when the following condition is met

- Endobronchial brachytherapy
 - For palliative treatment of obstructing endobronchial tumors

Coding

2D

77280..... Therapeutic radiology simulation-aided field setting; simple
77285..... Therapeutic radiology simulation-aided field setting; intermediate
77290..... Therapeutic radiology simulation-aided field setting; complex

ICD-10 Diagnoses

C34.00 - C34.92..... Malignant neoplasm of bronchus & lung
C78.00 - C78.02..... Secondary malignant neoplasm of lung
Z51.0..... Encounter for radiotherapy
Z51.5..... Encounter for palliative care

3D Conformal

77295..... 3-dimensional radiotherapy plan, including dose-volume

ICD-10 Diagnoses

All inclusive

ICD-10 Diagnoses

C34.00 - C34.92..... Malignant neoplasm of bronchus & lung
C78.00 - C78.02..... Secondary malignant neoplasm of lung
Z08..... Following radiotherapy

Brachytherapy

77761..... Intracavitary radiation source application; simple
77762..... Intracavitary radiation source application; intermediate
77763..... Intracavitary radiation source application; complex
77776..... Brachytherapy radiation source application: Interstitial radiation source application; simple
77777..... Brachytherapy radiation source application: Interstitial radiation source application; intermediate
77778..... Brachytherapy radiation source application: Interstitial radiation source application; complex
77785..... Brachytherapy radiation source application: Remote afterloading high dose rate radionuclide brachytherapy;
1 channel
77786..... Brachytherapy radiation source application: Remote afterloading high dose rate radionuclide brachytherapy;
2-12 channels
77787..... Brachytherapy radiation source application: Remote afterloading high dose rate radionuclide brachytherapy;
over 12 channels

ICD-10 Diagnoses

C34.00 - C34.92..... Malignant neoplasm of bronchus & lung
C78.00 - C78.02..... Secondary malignant neoplasm of lung
Z51.5..... Encounter for palliative care