

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 06/04/24
<b>Clinical Policy Document:</b> Radiation Therapy, Intensity Modulated (IMRT)	<b>Replaces Effective Clinical Policy Dated:</b> 06/06/23
<b>Reference #:</b> MC/L009	<b>Page:</b> 1 of 4

#### **PURPOSE:**

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

#### **POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

#### **GUIDELINES:**

Medical Necessity Criteria - Must satisfy any of the following: I or II

- I. IMRT is considered medically necessary for any of the following conditions: A – L
  - A. Anus or anal canal cancer<sup>4</sup>; or
  - B. Breast cancer in the following circumstances<sup>5,12</sup> - must satisfy any of the following: 1 - 2
    1. When the left-sided internal mammary nodes are being treated; or
    2. Partial breast irradiation of up to 5 fractions.
  - C. Central nervous system (CNS) tumors<sup>4</sup> (primary or benign) including the brain, brain stem and spinal cord<sup>4</sup>
  - D. Cervical cancer<sup>4</sup>
  - E. Endometrial cancer<sup>4</sup>
  - F. Esophageal cancer<sup>7</sup>
  - G. Gastroesophageal junction<sup>7</sup> (Siewert III tumors)
  - H. Head and neck cancer, including lymphoma and solitary plasmacytomas, when treatment includes the following areas: pharynx (nasopharynx, oropharynx, hypopharynx), larynx cancer (stage III or IV glottic cancer)<sup>4,11</sup>, salivary glands, oral cavity (includes the tongue), nasal cavity, paranasal sinuses
  - I. Mediastinal tumors (eg, lymphoma<sup>6,8,9</sup>, thymoma, including tracheal cancer)
  - J. Non-small cell lung cancer, stage III, undergoing chemoradiation therapy<sup>26,27</sup>
  - K. Pancreatic cancer<sup>25</sup>
  - L. Prostate cancer<sup>24</sup>

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- II. IMRT may be covered for a condition that is not listed above as proven, including recurrences or metastases in select cases. Requests for exceptions will be evaluated on a case-by-case basis when at least one of the following conditions is present<sup>3,4</sup>: A or B
- A. A non-IMRT technique would increase the probability of clinically meaningful normal tissue toxicity (eg, as specified by the Radiation Therapy Oncology Group [RTOG] or QUANTEC guidelines) and demonstrated on a comparison of treatment plans for the IMRT and non-IMRT technique (eg, three-dimensional conformal treatment plan); or
  - B. The same or immediately adjacent area has been previously irradiated, and the dose distribution within the individual must be sculpted to avoid exceeding the cumulative tolerance dose of nearby tissue.

**EXCLUSIONS (not limited to):**

Refer to member's Certificate of Coverage or Summary Plan Description.

**BACKGROUND:**

IMRT technology is an advanced version of three-dimensional radiation therapy, utilizing multiple radiation beams. The intensity of each beam is controlled and the beam shapes change throughout treatment angle in order to conform to the tumor being irradiated. IMRT is radiation to a well-defined treatment volume with radiation beams whose intensity varies across the beam. IMRT is useful for delivering a highly conformal radiation dose to targets positioned near sensitive normal tissues. IMRT treatment results in lesser exposure of healthy tissues to radiation.

IMRT treatment plans are tailored to the target volumes and are more accurate than conventional or three-dimensional radiation therapy plans. IMRT Planning defines the necessary field sizes and other beam characteristics needed to achieve the desired radiation dose distribution. The benefit of IMRT is the reduction of dose to normal structures that are close to the tumor, and by reducing the dose of radiation to these normal tissues reducing side effects and allow for the desired dose to the tumor being treated.

Volumetric Modulated Arc Therapy (VMAT) is a faster type of IMRT wherein the gantry moves around the patient as the beam is being modulated.<sup>11</sup> Tomotherapy (aka helical tomotherapy) is also another type of IMRT in which radiation is aimed at a tumor from many different directions in a spiral pattern while the patient lays on a table and is moved through a donut-shaped machine.<sup>25</sup>

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Prior Authorization: Yes, per network provider agreement

Form: Intensity Modulated Radiation Therapy Authorization Form

## CODING

CPT® or HCPCS

77385 Intensity modulated treatment delivery, includes guidance and tracking, when performed; simple  
 77386 Intensity modulated treatment delivery, includes guidance and tracking, when performed; complex  
 G6015 Intensity modulated treatment delivery, single or multiple fields/arcs via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session  
 G6016 Compensator-based beam modulated treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session

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# Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1890  
Southampton, PA 18966-9998  
Phone: 1-866-631-5404 (TTY: 711)  
Fax: 763-847-4010  
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: [https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim\\_Lang-Assist-Notice.pdf](https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf).

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

**Hindi:** यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

**Lao:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).