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PLANS IN SCOPE

Aspirus Health Plan

BACKGROUND & PURPOSE:

Intensity-modulated radiation therapy (IMRT) is an advanced mode of high-precision radiation therapy (RT) that uses computer-controlled linear accelerators to deliver precise radiation doses to a malignant tumor or specific areas within the tumor. IMRT allows the radiation dose to conform more precisely to the three-dimensional (3D) shape of the tumor by modulating or controlling the intensity of the radiation beam in multiple small volumes. IMRT also allows higher radiation doses to be focused on the tumor while minimizing the dose to surrounding normal critical structures.

Image-guided radiation therapy (IGRT) employs imaging to maximize accuracy and precision throughout the entire process of treatment delivery. This process can include target and normal tissue delineation, radiation delivery and adaptation of therapy to anatomic and biological and positional changes over time in individual patients. It is often used in conjunction with IMRT and other advanced forms of RT.

IMRT has become widely used for a variety of clinical indications, such as tumors of the CNS, head and neck, breast, prostate, gastrointestinal (GI) tract, lung, and gynecologic system, as well as sites previously irradiated. In general, the ability of IMRT to deliver dose preferentially to target structures in close proximity to organs at risk (OAR) and other non-target tissues makes it a valuable tool enabling the radiation oncologist to deliver dose to target volumes while minimizing dose to adjacent normal tissues.

The intent of this policy is to provide coverage guidelines for IMRT.

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.

COVERAGE INDICATIONS:

General coverage indications

- All healthcare services must be ordered by a provider
- All healthcare services must be medically necessary
- All applicable conservative treatments must have been tried

IMRT is considered medically necessary as definitive therapy of the primary site for the following:

I. Central nervous system tumors
II. Head and neck tumors
III. Breast tumors
IV. Thoracic tumors
V. Gastrointestinal tumors including
    a. Hepatocellular cancer, bile duct, gallbladder, and cholangiocarcinoma cancers
    b. Primary cancers of the esophagus and gastroesophageal junction
    c. Abdominal malignancies (including primary pancreatic, gastric, and adrenal cancers)
    d. Primary and secondary liver cancers
VI. Anal and colorectal cancers
VII. Sarcomas including
    a. Retroperitoneal sarcomas
    b. Desmoid tumors
    c. Extremity sarcomas
VIII. Cervical cancer
IX. Vulvar and vaginal cancers
X. Endometrial cancer
XI. Prostate cancer
XII. Renal cancer
XIII. Bladder cancer
XIV. Ureteral cancer

IMRT may be covered for a condition that is not listed above as proven on a case-by-case basis when at least one of the following conditions is present:

I. Medically inoperable patients with a diagnosis of cancer are typically treated with surgery where dose escalation is required due to the inability to receive surgery
II. Re-irradiation cases (where cumulative critical structure dose would exceed tolerance dose)
III. Primary malignant or benign bone tumors
IV. To spare organs at risk such as the heart, lungs, kidneys, liver, spinal cord, esophagus, bone marrow, breasts, stomach, muscle/soft tissue, and salivary glands to decrease the

risk for late, normal tissue toxicity while providing local tumor control

Exclusions
N/A

Medical Records Documentation
Benefit coverage is determined by review of member specific benefit plan information and all applicable laws. Medical records documentation may be required to assess if the member meets criteria; however, provision of records does not guarantee coverage.

Medical notes documenting the following, when applicable:

I. Specific condition and target volume requiring IMRT
II. Specific history of prior radiation therapy; information to include sites of delivery total dose, and dose per fraction
    a. A statement documenting the special need for performing IMRT versus conventional or 3-dimensional radiation treatment
        i. If failure of dose constraints, cite the specific constraint, including protocol number, if applicable
        ii. Only QUANTEC or RTOG dose constraints are applicable
III. When applicable, for delivery of a prescribed radiation therapy course with standard fractionation, submit the dose prescription along with documentation in the form of a clearly labeled, color comparative 3D, and IMRT dose volume histogram and dose table, in absolute doses; when citing an RTOG dose constraint, provide the RTOG protocol number
IV. Comparison plans utilizing deep inspiration breath hold technique when IMRT is requested for breast cancer
V. An immediately adjacent area has been previously irradiated or will be irradiated, and abutting portals must be established with high precision

For IMRT used for breast cancer, provide the above documentation in addition to answers to the following:

I. Will the left-sided internal mammary nodes be treated?
II. Will the patient be receiving partial breast irradiation (when dose is up to 5 fractions)?
III. For IMRT used for whole brain radiation, provide the above documentation in addition to the following:
    a. Presence or absence of brain metastasis
    b. ECOG or KPS results
    c. Prognosis time period
    d. Presence or absence of leptomeningeal disease
IV. For IMRT used for rectal cancer, provide the listed documentation in addition to an answer to the following: What is the measurement, in centimeters, from the distal aspect of the rectal tumor to the anal verge?

DEFINITIONS
Definitive Therapy: Definitive Therapy is treatment with curative intent. Treatment of a local recurrence of the primary tumor may be considered definitive if there has been a long disease-free interval (generally ≥2 years) and treatment is with curative intent.

APPLICABLE CODES

Note: The code list below is provided for guidance. Not all procedures will contain these codes. Code coverage will depend on coverage guidelines above. All intrauterine procedure coverage requests will require medical review.

Code Type	Code	Description
77014	CPT	Computed tomography guidance for placement of radiation therapy fields
77293	CPT	Respiratory motion management simulation
77300	CPT	Basic radiation dosimetry calculation central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during the course of treatment, only when prescribed by the treating physician
77301	CPT	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77332	CPT	Treatment devices, design, and construction; simple
77333	CPT	Treatment devices, design, and construction; intermediate
77334	CPT	Treatment devices, design, and construction; complex
77338	CPT	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
77385	CPT	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	CPT	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
77387	CPT	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
G6001	HCPCS	Ultrasonic guidance for placement of radiation therapy fields
G6002	HCPCS	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
G6015	HCPCS	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
G6016	HCPCS	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high-resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session
G6017	HCPCS	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment

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POLICY/REVISION HISTORY

Date	Summary of Changes	Approval By
09/10/25	Initial Policy Development	Optum Medical and Pharmacy Subcommittee

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

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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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