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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.

Contemporary IMRT planning and delivery may also incorporate advanced image guidance, selected adaptive radiation therapy workflows, and current professionally endorsed organ-at-risk dose-constraint resources when clinically appropriate. These tools are used to support individualized treatment planning, treatment verification, and normal-tissue sparing while maintaining the policy's focus on medical necessity and technical justification.

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 when the request documents the medical necessity and technical rationale for IMRT, including the need for dose conformality, organ-at-risk sparing, setup precision, re-irradiation considerations, or other site-specific planning requirements. The presence of a listed tumor type alone is not sufficient when conventional or 3-dimensional techniques can meet target coverage and normal-tissue objectives. IMRT is typically indicated when conventional or three-dimensional conformal radiation techniques are insufficient to adequately meet target coverage or organ-at-risk dose constraints, when clinically appropriate dose escalation beyond conventional limits is required, or when target volume geometry (e.g., concave targets, complex shapes, or proximity to critical structures) necessitates advanced modulation to achieve acceptable dose distribution.

- I. Central nervous system tumors
- II. Head and neck tumors, including nasopharyngeal carcinoma when disease-specific target delineation, post-induction target definition, margin rationale, or nodal contouring strategy supports the technical need for IMRT
- II. Breast tumors
- III. Thoracic tumors
- IV. 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, including rectal cancer when documented planning and delivery requirements support IMRT, such as organ-at-risk sparing, image-guided precision, margin management, re-irradiation, or other individualized technical needs
- V. Sarcomas including
 - a. Retroperitoneal sarcomas
 - b. Desmoid tumors
 - c. Extremity sarcomas
- VIII. Cervical cancer, including appropriate postoperative, adjuvant, or other scenarios requiring conformal external-beam planning to spare normal tissues
- VI. Vulvar and vaginal cancers

- VII. Endometrial cancer
- VIII. Prostate cancer
- IX. Renal cancer
- X. Bladder cancer
- XI. 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 when cumulative critical structure dose would exceed tolerance dose or when cumulative dose evaluation to relevant organs at risk or target-adjacent structures supports the technical need for IMRT, using an accepted methodology described by the treating team
- II. Primary malignant or benign bone tumors
- III. When these objectives cannot be adequately achieved with conventional or 3-dimensional conformal techniques, 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. When re-irradiation is the reason IMRT is requested, the record must include cumulative dose assessment or reporting for relevant normal tissues and overlapping or adjacent treatment regions, including the method used for summation or evaluation and major uncertainties when clinically relevant
 - a. A statement documenting the special need for performing IMRT versus conventional or 3-dimensional radiation treatment, including the site-specific planning rationale, relevant organs at risk, anticipated toxicity-reduction objectives, geometric or image-guidance considerations, and, when applicable, justification for adaptive radiation therapy workflow use, including documentation of why conventional or 3-dimensional conformal techniques are insufficient, any need for dose escalation beyond standard dosing, and/or relevant target volume geometry requiring modulation
 - i. If failure of dose constraints, cite the specific constraint, including protocol number, if applicable
 - ii. Applicable dose constraints may include QUANTEC, RTOG, or other current professionally endorsed consensus dose-constraint sources, such as the ASTRO/VA dose-volume histogram compendium, when the specific constraint and source are identified and clinically 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
- VI. When applicable, adaptive radiation therapy workflow documentation should include the adaptive rationale, the planned image-guided workflow, and confirmation that treatment will be delivered under established departmental quality-assurance processes
- VII. IMRT planning and delivery should be supported by current quality-assurance processes and applicable manufacturer or FDA safety controls, particularly when advanced planning software or adaptive workflows are used

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: measurement, in centimeters, from the distal aspect of the rectal tumor to the anal verge; key organs at risk contoured for planning, at minimum bladder, bowel cavity, and femoral heads or equivalent local contouring convention; planned image-guidance strategy for treatment verification, including whether daily volumetric imaging is intended; and margin rationale with relevant quality-assurance considerations when anatomy or target-shape variation is expected to affect treatment delivery

For IMRT used for nasopharyngeal carcinoma, provide the above documentation, when applicable, in addition to whether contouring is based on pre-induction or post-induction disease extent and the rationale used; margin rationale for primary and nodal target volumes; and documentation of the nodal delineation approach when induction chemotherapy has altered nodal anatomy or when equivocal nodes are present.

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
CPT	77293	Respiratory motion management simulation
CPT	77300	Basic radiation dosimetry calculation, as required during the course of treatment, only when prescribed by the treating physician
CPT	77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
CPT	77332	Treatment devices, design, and construction; simple
CPT	77333	Treatment devices, design, and construction; intermediate
CPT	77334	Treatment devices, design, and construction; complex
CPT	77338	Multi-leaf collimator device(s) for intensity modulated radiation therapy, design and construction per IMRT plan
CPT	77387	Guidance for localization of target volume for delivery of radiation treatment; professional component only when separately reportable
CPT	77402	Radiation treatment delivery; Level 1, including imaging guidance, when performed
CPT	77407	Radiation treatment delivery; Level 2, including imaging guidance, when performed
CPT	77412	Radiation treatment delivery; Level 3, including imaging guidance, when performed

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POLICY/REVISION HISTORY

Date	Summary of Changes	Approval By
09/10/25	Initial Policy Development	Optum Medical and Pharmacy Subcommittee
09/09/26	Annual Policy Update: Enhanced documentation requirements (site-specific rationale, re-irradiation dose reporting); updated dose-constraint guidelines to include current consensus guidance; revised coding and operational alignment for 2026 change.s	Optum Medical and Pharmacy Subcommittee

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Nondiscrimination Grievance Coordinator
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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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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)

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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)

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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 mitaus 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).