

Department:	Medical Management	Original Approval:	06/11/2015
Policy #:	MM152	Last Approval:	07/05/2019
Title:	Intensity Modulated Radiation Therapy (IMRT)		
Approved By:	UM Medical Subcommittee		

REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

Medical records including current chart notes from radiation oncologist documenting the patient’s condition, treatments already tried including previous radiation therapy, exam, pertinent imaging studies and labs, diagnosis and rationale for the planned therapy. The record must detail the reasons that 3-dimensional conformal radiation therapy (3D-CRT) cannot achieve adequate precision or is not appropriate.

POLICY:

Applies to WA Apple Health Members and to Medicare Members.

Link to resources that were used in creating this policy:

Washington State Health Care Authority Health Technology Assessment Program [20120921A – Intensity Modulated Radiation Therapy](#)

CMS Guidelines [Noridian Local Coverage Determination \(LCD\) Intensity Modulated Radiation Therapy \(IMRT\) L34080](#)

Because the technology has advanced rapidly since the Health Technology Assessment decision and the Noridian LCD, the criteria have been updated to include recent indications. The combined policy applies to all members including Apple Health and Medicare Members.

BACKGROUND

Topic Summary

Current conventional or standard EBRT uses three-dimensional (3D) imaging technology from computed tomography (CT), positron-emission tomography (PET), and/or magnetic resonance imaging (MRI) for planning purposes and delivers photon beams of uniform intensity to the target tumor using a medical linear accelerator (linac). Conformal refers to the ability to precisely conform the delivery of the EBRT to the shape and size of the tumor, so current conventional EBRT is often referred to as 3D conformal radiation therapy (3DCRT).

Over the past ten years, significant advances have been made in the techniques available to deliver EBRT including stereotactic radiation surgery (SRS) limited to the central nervous system and a single dose, stereotactic body radiation therapy (SBRT), intensity modulated radiation therapy (IMRT), and proton or particle beam radiation therapy. Intensity modulated radiation therapy uses multiple beams and angles (multi-leaf collimator) that can deliver varying intensities of radiation to the tumor to maximize the dose to the tumor and decreased or no dose to the surrounding tissue.

For IMRT, the technical goal is to improve the targeting of the radiation to the tumor to minimize damage of normal tissue. The intended patient-important outcome from this technique is to reduce acute and chronic radiation side-effects since surrounding tissues receive less radiation. The focus of this report will be on IMRT. However, it should be noted that SBRT and IMRT are not mutually exclusive.

Policy Context

There is increasing use of IMRT for a variety of cancers. The impact of this technology on patient-important outcomes compared to current conventional (coronal or standard) EBRT is unclear.

Primary Criteria Ranking

Safety = High

Efficacy = Medium

Cost = High

DEFINITIONS

Enter all definitions here.

INDICATIONS/CRITERIA

Medicaid Members	MM152
Medicare Members	MM152

Criteria require all three of the following:

1. Highly conformal dose planning required due to need for radiation dose to meet one of the following criteria:
 - Exceeding conventional treatment, or
 - Close proximity of tissue to previously irradiated area, or
 - Close proximity of tissue to other critical structures
2. Radiation oncologist note in medical record documents that 3-dimensional conformal radiation therapy cannot achieve adequate precision
3. The disease includes one of the following:
 - Anal carcinoma, near small bowel, bladder, and genitalia
 - Primary brain tumors, brain metastasis
 - Spinal cord tumors
 - Cholangiocarcinoma
 - Gallbladder carcinoma
 - Gastric cancer
 - Gynecologic malignancy
 - Head and neck cancer, near salivary glands or spinal cord
 - Hepatocellular carcinoma
 - Liver metastases

- Lymphoma, involving
 - Eye (primary monocular)
 - Lung
 - Mediastinum, in proximity to lung and heart
 - Nasal cavity
 - Paranasal sinuses
 - Parotid or other salivary gland
 - Thyroid
 - Stomach
- Non-small cell lung cancer, and ALL of the following:
 - Administered with concurrent chemotherapy
 - Stage III disease
- Pancreatic cancer
- Prostate cancer
- Soft tissue sarcoma
- Left breast tumors with radiation risk to immediately adjacent cardiac and pericardial structures

LIMITATIONS/EXCLUSIONS

Please refer to a product line’s certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR	
WAC	
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH WAH: Utilization Management Program and Authorization; Services; Utilization; Management

		General Requirements; Health Technology Assessment Program
	<input checked="" type="checkbox"/> IMC	IMC: Utilization Management Program and Authorization Services; Utilization Management General Requirements; Health Technology Assessment Program
	<input checked="" type="checkbox"/> MA	
Other Requirements		
NCQA Elements	UM2	

Revision History

Revision Date	Revision Description	Revision Made By
05/21/2015	Original policy	Kate Brostoff, MD
06/11/2015	Approval	MMLT
08/08/2016	References updated with active links. CMMS changed to CMS CHPW uses CMS Guidelines LCD L24318 changed to CHPW uses CMS Guidelines LCD L34080.	Cyndi Stilson, RN
08/08/2016	Reviewed	Jane Daughenbaugh, RN
08/09/2016	Reviewed – no changes	Victor Collymore, MD
08/09/2016	Approval	MMLT
08/15/2017	Updated link to HCA Health Technology Assessment.	Cyndi Stilson, RN
08/18/2017	Approval	MMLT
03/27/2018	Changed from UM330 to MM152	Cindy Bush
04/06/2018	Transferred to new template	Cindy Bush
07/31/2018	Added required documentation and created hyperlinks for the CMS and HCA guidelines. Specified that the policy is to be reviewed by UM Medical Subcommittee.	LuAnn Chen, MD
08/14/2018	Approval	UM Medical Subcommittee
06/18/2019	Combined indications from MCG and CMS and applied criteria to both AH and MA members. Checked links	LuAnn Chen, MD
07/05/2019	Approval	UM Medical Subcommittee