

Department:	Medical Management	Original Approval:	06/11/2015
Policy #:	MM152	Last Approval:	08/14/2018
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, 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:

For WA Apple Health Members:

CHPW uses the Washington State Health Care Authority Health Technology Assessment Program criteria (20120921A – Intensity Modulated Radiation Therapy) for consideration of coverage of this procedure.

Link to Final Findings and Decision:

[20120921A – Intensity Modulated Radiation Therapy](#)

For Medicare Advantage Members:

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

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	<i>Continue to criteria for approval below.</i> 20120921A – Intensity Modulated Radiation Therapy
Medicare Members	Noridian Local Coverage Determination (LCD) Intensity Modulated Radiation Therapy (IMRT) L34080

For CHPW Apple Health Members

HTCC Coverage Determination:

Intensity Modulated Radiation Therapy is a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

HTCC Reimbursement Determination:

Limitations of Coverage

Intensity Modulated Radiation Therapy (IMRT) is covered for:

- Head and neck cancers;
- Prostate cancer;
- To spare adjacent critical structures to prevent toxicities within expected life span; Or
- Undergoing treatment in the context of evidence collection/submission of outcome data (e.g., registry, observational study).

Non-Covered Indicators:

- N/A

For Medicare Advantage members:

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CHPW uses CMS criteria: [Noridian Local Coverage Determination \(LCD\) Intensity Modulated Radiation Therapy \(IMRT\) L34080](#)

SPECIAL CONSIDERATIONS

None.

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	11.2.9 The Contractor shall follow the coverage decisions of the Health Technology Assessment (HTA) program (chapter 182-55 WAC)
	<input checked="" type="checkbox"/> IMC	
	<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.	Cyndi Stilson, RN



	CMMS changed to CMS CHPW uses CMS Guidelines LCD L24318 changed to CHPW uses CMS Guidelines LCD L34080.	
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