

Other Cancers

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Please refer to the CMS website at <http://www.cms.gov> for additional information.

Note: For Medicaid members/enrollees, circumstances when state Medicaid coverage provisions conflict with the coverage provisions within this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

POLICY

The majority of requests for radiation therapy are addressed by NantHealth’s and CareSource’s individual anatomical or radiation therapy modality clinical policy guidelines. It is recognized that there may be requests that are not addressed. For those requests, clinical review will be conducted on a case-by-case basis utilizing, as appropriate and applicable:

- Evidence-based guidelines including, but not limited to:
 - National Comprehensive Cancer Network (NCCN) Guidelines™
- American Society for Radiation Oncology (ASTRO) (i.e., Evidence-Based Guidelines; Evidence-Based Consensus Statement)
- American College of Radiology (ACR) (i.e., ACR Appropriateness Criteria®)
- American Society of Clinical Oncology (ASCO)
- Peer-reviewed literature

All radiation oncology treatments must be submitted to Eviti Connect for review via the NantHealth Eviti Connect portal. Eviti Connect is an online platform that connects CareSource with oncology offices for real-time validation of cancer treatment plans. It is the most efficient way to initiate a treatment plan review and reduces the administrative time involved in requesting authorizations by assuring accurate reimbursement at the regimen level.

Radiation Oncology treatment regimens are reviewed in their entirety. Treatment plans that comply with evidence-based medicine will be issued an Eviti code, meaning that it meets national standards of quality care and the definition of medical necessity and does not fall under the definition of experimental and investigational. An Eviti code is an authorization number.

Radiation Oncology treatment regimens are reviewed based on the following criteria:

Cancer (all types)

For initial authorization - ALL of the following must be met:

1. The treatment must be prescribed by a radiation oncologist; AND
2. The regimen must have sufficient supporting evidence for use as determined by one or more of the following:
 - a) American Society for Radiation Oncology
 - b) National Comprehensive Cancer Network (NCCN) evidence categories 1, 2a, or 2b
 - c) Other recommendations within the Eviti evidence-based medical library, such as nationally recognized peer-reviewed medical journal articles or professional society oncology treatment standards and guidelines; AND

3. The dose(s) and fraction (s) must not exceed the maximum or what is supported by the above compendia or reference guidelines; AND
4. Medical records, applicable lab results, and/or test results such as to detect a genetic mutation must be provided to confirm the diagnosis and provide baseline information; AND
5. Chart notes must document any and all previous treatments for the member's cancer; AND
6. The member does not have any contraindications to the requested treatment; AND
7. The request is not for experimental or investigational purposes or for use in a clinical trial.

Scenarios that do not meet the above requirements may be considered on a case by case basis if the provider submits timely clinical literature from a nationally recognized peer-reviewed medical journal(s) that presents clear and compelling data for efficacy and safety.

DEFINITIONS

- **Brachytherapy (BT)** - Brachytherapy is a procedure that involves placing radioactive material inside your body. Brachytherapy is sometimes called internal radiation.
- **External beam radiation treatment (EBRT)** - External beam radiation therapy (EBRT) is radiation delivered from outside the body and is most often used to treat bone cancer.
- **Fractions** - A way of dividing a total dose of radiation into separate doses to be administered over a period of time.
- **Gray (Gy)** - One of the two units used to measure the amount of radiation absorbed by an object or person, known as the absorbed dose. One gray (Gy) is the international system of units (SI) equivalent of 100 rads, which is equal to an absorbed dose of 1 Joule/kilogram.
- **Image-guided radiation therapy (IGRT)** - Image-guided radiation therapy (IGRT) is the use of imaging during radiation therapy to improve the precision and accuracy of treatment delivery. IGRT is used to treat tumors in areas of the body that move, such as the lungs. Radiation therapy machines are equipped with imaging technology to allow your doctor to image the tumor before and during treatment. By comparing these images to the reference images taken during simulation, the patient's position and/or the radiation beams may be adjusted to more precisely target the radiation dose to the tumor. To help align and target the radiation equipment, some IGRT procedures may use fiducial markers, ultrasound, MRI, X-ray images of bone structure, CT scan, 3D body surface mapping, electromagnetic transponders, or colored ink tattoos on the skin.
- **Intensity-modulated radiotherapy (IMRT)** - Intensity-modulated radiation therapy (IMRT) is an advanced mode of high-precision radiotherapy 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 shape of the tumor by controlling the intensity of the radiation beam in multiple small volumes. IMRT also allows higher radiation doses to be focused to regions within the tumor while minimizing the dose to surrounding normal critical structures.
- **National Comprehensive Cancer Network® (NCCN)** - An alliance of 32 leading cancer centers devoted to patient care, research, and education. The NCCN guidelines are utilized for Radiation Therapy and Medical Oncology standards. NCCN consensus clinical standards are periodically updated and NantHealth, Inc. reviews these and updates its policies within a timely manner.
- **Palliative radiation therapy** - Treatment given to help relieve the symptoms and reduce the suffering caused by cancer or other life-threatening diseases. Palliative therapy may help a person feel more comfortable, but it does not treat or cure the disease. Palliative therapy may be given with other treatments from the time of diagnosis until the end of life.
- **Stereotactic body radiation therapy (SBRT)** - Treatment outside the brain is called stereotactic body radiation therapy (SBRT). SBRT may be used for certain lung, spine, and liver tumors.
- **Three dimensional conformal radiation therapy (3D-CRT)** - A procedure that uses a computer to create a three dimensional picture of the tumor. This allows doctors to give the highest possible dose of radiation to the tumor, while sparing the normal tissue as much as possible.

REFERENCES

1. National Comprehensive Cancer Network (NCCN) Guidelines. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™). National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines, go online to NCCN.org.
2. American Society for Radiation Oncology (ASTRO) Clinical Practice Guidelines.
3. American Society of Clinical Oncology (ASCO) Guidelines, Tools & Resources. Radiation Oncology Guidelines

Please see all related radiation therapy treatment policies for additional information on the treatment modalities. (3D-CRT, BT, EBRT, IGRT, IMRT, SRS, SBRT and PBT)

CODING [ICD-10, HCPCS]*

***Procedure codes appearing in medical policy documents are only included as a general reference. This list may not be all-inclusive and is subject to updates. In addition, codes listed are not a guarantee of payment. CPT codes are available through the AMA.**

Code	Description
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment
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 modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session

REVISION AND REVIEW HISTORY

No.	Description	Metadata
1	Original Effective Date:	8/2022
2	Policy Review Dates:	7/26/2022
3	Policy Revision Dates:	
4	Department Owner:	Medical Affairs
5	NH Advisory Committee Approval Dates:	8/1/2022
6	Revision Changes:	