

Clinical Policy: Intensity-Modulated Radiotherapy

Reference Number: CP.MP.69

Date of Last Revision: 12/21

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Medical necessity criteria for intensity-modulated radiotherapy (IMRT). IMRT is an advanced form of 3-dimensional (3-D) conformal radiation therapy that delivers a more precise radiation dose to the tumor while sparing healthy surrounding tissue. While IMRT empirically offers advances over other radiation therapies, accepted practices and the risks and benefits of IMRT over conventional or 3-D conformal radiation must be considered.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation[®] that IMRT is **medically necessary** for any of the following indications:
 - A. Age \leq 18 years;
 - B. Target volume is in close proximity to critical structures that must be protected;
 - C. The volume of interest must be covered with narrow margins to adequately protect immediately adjacent structures;
 - D. An immediately adjacent area has been previously irradiated and abutting portals must be established with high precision;
 - E. The target volume is concave or convex, and critical normal tissues are within or around that convexity or concavity;
 - F. Dose escalation is planned to deliver radiation doses in excess of those commonly utilized for similar tumors with conventional treatment;
 - G. Indications by cancer site include any of the following:
 1. Primary or benign tumor(s) of the central nervous system, including brain, brain stem, and spinal cord;
 2. Primary tumor(s) of the spine where spinal cord tolerance may be exceeded by conventional treatment;
 3. Primary or benign lesion(s) of the head and neck area including orbits, sinuses, skull base, aerodigestive tract (lips, mouth, tongue, tonsils, nose, throat, vocal cords and part of the trachea and esophagus), salivary glands, and thyroid;
 4. Anal or perianal cancer, excluding locally recurrent perianal cancer;
 5. Prostate cancer, definitive (curative) treatment;
 6. Vulvar cancer, definitive (curative) treatment;
 7. Cervical cancer, curative treatment, any of the following:
 - a. Post-hysterectomy;
 - b. For treatment that includes para-aortic nodes;
 - c. For high doses of radiation in the presence of gross disease in regional lymph nodes;
 8. Select breast cancer cases, any of the following:
 - a. Homogeneity of dose cannot be achieved with conventional three dimensional planning techniques, demonstrated by any of the following:
 - i. A maximum dose of greater than 110% is given to a volume of at least 0.3 cc;

- ii. The volume of breast tissue receiving 105% of the prescribed dose exceeds 10% (or 20% for a large volume breast defined as greater than 800 cc);
- iii. Hot spots in the inframammary fold are 105% or greater;
- b. The volume of lung tissue receiving 20 Gy exceeds 20%;
- c. The volume of heart tissue receiving 25 Gy exceeds 2%.

Background

A major goal of radiation therapy is the delivery of an appropriate dose of radiation to the targeted tissue while minimizing radiation exposure to the surrounding healthy tissue. The introduction of IMRT allowed for significant improvement of dose distributions by irradiating sub-regions of the target to different levels. It uses a computer-based planning method called inverse planning that allows the delivery of generally narrow, patient specific spatially and often temporally modulated beams of radiation to solid tumors within a patient.

IMRT changes the intensity of radiation in different parts of a single radiation beam while treatment is delivered. The dose of radiation given by each beam can also vary, enabling IMRT to simultaneously treat multiple areas within the target to different dose levels. Theoretical concerns about IMRT include dose inhomogeneity, additional time required for planning computation and QA verification, and exposure of larger volumes of normal tissues to a lower dose of radiation.

There were a number of studies done, including a multicenter, randomized, double-blind trial that have noted IMRT improved the homogeneity of the radiation dose distribution and decreased acute toxicity, when used for breast cancer.²³⁻²⁷

NCCN

NCCN recommends IMRT in a number of cancer types, including cancers whose radiation treatment may affect organs or other critical structures at risk.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

CPT® Codes	Description
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	Intensity modulated treatment delivery (IMRT) includes guidance and tracking, when performed; complex

HCPCS Codes	Description
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

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
C00.0-C14.9	Malignant neoplasm of lip, oral cavity, and pharynx
C15.3-C15.9	Malignant neoplasm of esophagus
C21.0-C21.8	Malignant neoplasm of anus and anal canal
C25.0-C25.9	Malignant neoplasm of pancreas
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30.0	Malignant neoplasm of nasal cavity
C31.0-C31.9	Malignant neoplasm of accessory sinus
C32.0-C32.9	Malignant neoplasm of larynx
C33	Malignant neoplasm of trachea
C41.0	Malignant neoplasm of bones of skull and face
C41.2	Malignant neoplasm of vertebral column
C44.500	Unspecified malignant neoplasm of anal skin
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C50.011- C50.929	Malignant neoplasm of breast
C51.0-C51.9	Malignant neoplasm of vulva
C53.0-C53.9	Malignant neoplasm of cervix uteri
C61	Malignant neoplasm of prostate
C69.60- C69.62	Malignant neoplasm of orbit
C70.0-C70.9	Malignant neoplasm of meninges
C71.0-C71.9	Malignant neoplasm of brain

ICD-10-CM Code	Description
C72.0- C72.9	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system
C76.1	Malignant neoplasm of thorax
C76.2	Malignant neoplasm of abdomen
C73	Malignant neoplasm of thyroid gland
C76.3	Malignant neoplasm of pelvis
D10.0-D11.9	Benign neoplasm of mouth and pharynx
D13.0	Benign neoplasm of esophagus
D14.1	Benign neoplasm of larynx
D14.2	Benign neoplasm of trachea
D16.4	Benign neoplasm of bones of skull and face
D31.60- D31.62	Benign neoplasm of unspecified site of orbit
D33.0-D33.9	Benign neoplasm of brain, and other parts of central nervous system
D34	Benign neoplasm of thyroid gland
Z85.01	Personal history of malignant neoplasm of esophagus
Z85.020- Z85.028	Personal history of malignant neoplasm of stomach
Z85.040- Z85.048	Personal history of malignant neoplasm of rectum, rectosigmoid junction, and anus
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.12	Personal history of malignant neoplasm of trachea
Z85.21	Personal history of malignant neoplasm of larynx
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
Z85.3	Personal history of malignant neoplasm of breast
Z85.41	Personal history of malignant neoplasm of cervix uteri
Z85.44	Personal history of malignant neoplasm of other female genital organs
Z85.46	Personal history of malignant neoplasm of prostate
Z85.810- Z85.819	Personal history of malignant neoplasm of lip, oral cavity, and pharynx
Z85.840	Personal history of malignant neoplasm of eye
Z85.841	Personal history of malignant neoplasm of brain
Z85.850	Personal history of malignant neoplasm of thyroid
Z86.011	Personal history of benign neoplasm of brain
Z86.018	Personal history of other benign neoplasm

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy Developed and reviewed by Radiation Oncologist	02/14	03/14
References reviewed and updated	02/15	03/15
Template updated	02/16	03/16

Reviews, Revisions, and Approvals	Revision Date	Approval Date
References reviewed and updated		
Policy updated. References reviewed. In the policy statement, added under ‘Select breast cancer cases: When homogeneity of dose is essential and the patient has at least one of the following conditions’. The two conditions were previously listed. Coding tables updated	02/17	03/17
References reviewed and updated.	02/18	02/18
Removed indications for “cases of thoracic and abdominal malignancies when target volume is in proximity to critical structures” and “other pelvic and retroperitoneal tumors that meet the requirements for medical necessity” as their meaning is contained in other existing criteria.	05/18	
Added 77385 to CPT code list	06/18	
Added thyroid and tonsils as subtypes to head and neck cancer list; added cervical, vulvar, perianal cancer indications per NCCN. Updated background. Removed option for CNS, spinal, and head and neck tumors to be metastatic. Replaced descriptive breast cancer indication criteria with specific radiation parameters. Removed deleted CPT code 0073T and added HCPCS G6016. Specialist reviewed.	02/19	02/19
Coding updates: Removed deleted CPT 77418; updated ICD-10-CM codes per 02/19 criteria updates.	04/19	
References reviewed and updated. ICD codes updated C00.0-C14.8 now C14.9 and description correction for C30.	01/20	01/20
References reviewed and updated. Replaced “members” with “members/enrollees” in all instances.	12/20	12/20
Annual review. References reviewed and updated. Reviewed by specialist. Changed "Last Review Date" in the header to "Date of Last Revision" and "Date" in revision log to "Revision Date".	12/21	12/21

References

1. Dagan R, Amdur RJ, Yeung AR, Dziegielewska PT. Tumors of the nasal cavity. UpToDate. www.uptodate.com. Published June 23, 2021. Accessed November 11, 2021.
2. DeLaney TF, Gebhardt MC, Ryan CW. Overview of multimodality treatment for primary soft tissue sarcoma of the extremities and superficial trunk. UpToDate. www.uptodate.com. Published August 25, 2021. Accessed November 11, 2021.
3. DiBiase SJ, Roach M. External beam radiation therapy for localized prostate cancer. UpToDate. www.uptodate.com. Published June 23, 2021. Accessed November 11, 2021.
4. Galloway T, Amdur RJ. Management and prevention of complications during initial treatment of head and neck cancer. UpToDate. www.uptodate.com. Published March 1, 2021. Accessed November 11, 2021.
5. Gray HJ, Koh WJ. Adjuvant treatment of intermediate-risk endometrial cancer. UpToDate. www.uptodate.com. Published November 24, 2020. Accessed November 12, 2021.
6. Koyfman SA. General principles of radiation therapy for head and neck cancer. UpToDate. www.uptodate.com. Published June 18, 2020. Accessed November 12, 2021.
7. Karajannis MA, Marcus KJ. Focal brainstem glioma. UpToDate. www.uptodate.com. Published September 18, 2020. Accessed November 12, 2021.

8. MacKay RI, Staffurth J, Poynter A, Routsis D; Radiotherapy Development Board. UK guidelines for the safe delivery of intensity-modulated radiotherapy. *Clin Oncol (R Coll Radiol)*. 2010;22(8):629-635. doi:10.1016/j.clon.2010.06.017
9. MCG Health. Ambulatory Care, 24th Edition, Intensity Modulated Radiation Therapy (IMRT). <https://careweb.careguidelines.com/> Accessed November 15, 2021.
10. Mitin T. Radiation therapy techniques in cancer treatment. UpToDate. www.uptodate.com. Published September 8, 2020. Accessed November 15, 2021.
11. National Comprehensive Cancer Network®. Breast cancer (Version 8.2021). <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419> Accessed November 15, 2021.
12. National Comprehensive Cancer Network®. Cervical Cancer (Version 1.2022). <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419> Accessed November 15, 2021.
13. National Comprehensive Cancer Network®. Prostate cancer (Version 1.2022). <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419> Accessed November 15, 2021.
14. Sheets NC, Goldin GH, Meyer AM, et al. Intensity-modulated radiation therapy, proton therapy, or conformal radiation therapy and morbidity and disease control in localized prostate cancer. *JAMA*. 2012;307(15):1611-1620. doi:10.1001/jama.2012.460
15. Staffurth J; Radiotherapy Development Board. A review of the clinical evidence for intensity-modulated radiotherapy. *Clin Oncol (R Coll Radiol)*. 2010;22(8):643-657. doi:10.1016/j.clon.2010.06.013
16. Su JM. Intracranial germ cell tumors. UpToDate. www.uptodate.com. Published March 25, 2021. Accessed November 12, 2021.
17. Synderman C. Chordoma and chondrosarcoma of the skull base. UpToDate. www.uptodate.com. Published March 25, 2021. Accessed November 12, 2021.
18. National Comprehensive Cancer Network®. Central Nervous System Cancers (Version 2.2021). <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419> Accessed November 15, 2021.
19. National Comprehensive Cancer Network®. Anal Carcinoma (Version 2.2021). <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419> Accessed November 15, 2021.
20. National Comprehensive Cancer Network®. Gastric Cancer (Version 5.2021). <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419> Accessed November 15, 2021.
21. National Comprehensive Cancer Network®. Head and Neck Cancers (Version 3.2021). <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419> Accessed November 15, 2021.
22. National Comprehensive Cancer Network®. Thyroid Carcinoma (Version 3.2021). <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419> Accessed November 15, 2021.
23. National Comprehensive Cancer Network®. Uterine Neoplasms (Version 1.2022). <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419> Accessed November 15, 2021.

24. National Comprehensive Cancer Network®. Vulvar Cancer (squamous cell carcinoma) (Version 1.2022). <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419> Accessed November 15, 2021.
25. National Cancer Institute (NCI). ATC guidelines for use of IMRT (including intra-thoracic treatments). May 2006. <http://rrp.cancer.gov/content/docs/imrt.doc>. Accessed November 16, 2021.
26. Donovan E, Bleakley N, Denholm E, et al. Randomised trial of standard 2D radiotherapy (RT) versus intensity modulated radiotherapy (IMRT) in patients prescribed breast radiotherapy. *Radiother Oncol.* 2007;82(3):254-264. doi:10.1016/j.radonc.2006.12.008
27. McDonald MW, Godette KD, Butker EK, Davis LW, Johnstone PA. Long-term outcomes of IMRT for breast cancer: a single-institution cohort analysis. *Int J Radiat Oncol Biol Phys.* 2008;72(4):1031-1040. doi:10.1016/j.ijrobp.2008.02.053
28. Pignol JP, Olivetto I, Rakovitch E, et al. A multicenter randomized trial of breast intensity-modulated radiation therapy to reduce acute radiation dermatitis. *J Clin Oncol.* 2008;26(13):2085-2092. doi:10.1200/JCO.2007.15.2488
29. Rusthoven KE, Carter DL, Howell K, et al. Accelerated partial-breast intensity-modulated radiotherapy results in improved dose distribution when compared with three-dimensional treatment-planning techniques. *Int J Radiat Oncol Biol Phys.* 2008;70(1):296-302. doi:10.1016/j.ijrobp.2007.08.047
30. Local Coverage Determination (LCD L36733). Centers for Medicare and Medicaid Services Web site. <https://www.cms.gov/medicare-coverage-database/>. Published October 3, 2018 (revision effective October 1, 2021). Accessed November 11, 2021.
31. Local Coverage Determination (LCD L36711). Centers for Medicare and Medicaid Services Web site. <https://www.cms.gov/medicare-coverage-database/>. Published December 1, 2016 (revision effective January 1, 2021). Accessed November 11, 2021.
32. Chino J, Annunziata CM, Beriwal S, et al. Radiation Therapy for Cervical Cancer: Executive Summary of an ASTRO Clinical Practice Guideline. *Pract Radiat Oncol.* 2020;10(4):220-234. doi:10.1016/j.ppro.2020.04.002 [https://www.practicalradonc.org/article/S1879-8500\(20\)30094-1/fulltext](https://www.practicalradonc.org/article/S1879-8500(20)30094-1/fulltext). Accessed November 11, 2021.
33. Hui EP, Chan AT, Le QT. Treatment of early and locoregionally advanced nasopharyngeal carcinoma. UpToDate. www.uptodate.com. Published August 23, 2021. Accessed November 15, 2021.
34. Ryan DP, Willett CG. Treatment of anal cancer. UpToDate. www.uptodate.com. Published April 5, 2021. Accessed November 15, 2021.
35. Loeffler JS. Overview of the treatment of brain metastases. UpToDate. www.uptodate.com. Published November 5, 2021. Accessed November 15, 2021.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical

practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in 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.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs, and Medicare Coverage Articles should be reviewed prior to applying the

CLINICAL POLICY IMRT

criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2016 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene[®] and Centene Corporation[®] are registered trademarks exclusively owned by Centene Corporation.