Intensity Modulated Radiation Therapy (IMRT)  

Covered Service:  

Yes—when meets criteria below

Prior Authorization Required:  

Yes—as shown below

Additional Information:  

None

Prevea360 Health Plan Medical Policy:

1.0 Intensity-modulated radiation therapy (IMRT) does not require prior authorization and is considered medically necessary when one or more of the following conditions are present:

1.1 The target volume is in close proximity to critical structures that must be protected;

1.2 The volume of interest must be covered with narrow margins to adequately protect immediately adjacent structures;

1.3 An immediately adjacent area has been previously irradiated and abutting portals must be established with high precision to avoid damage to critical organs such as bowel, bladder, spinal cord or lung;

1.4 The target volume is concave or convex, and critical normal tissues are within or around that convexity or concavity;

1.5 Dose escalation is planned to deliver radiation doses in excess of those commonly utilized for similar tumors with conventional treatment.

2.0 Intensity-modulated radiation therapy (IMRT) is considered medically necessary for the following:

2.1 Anal cancer;

2.2 Advanced or low lying rectal cancer;

2.3 Anaplastic thyroid cancer;

2.4 Brain tumors in close proximity to critical structures;

2.5 Esophageal cancer where dose exceeds 50 Gy;

2.6 Gallbladder cancer where dose exceeds 50 Gy;

2.7 Head and neck cancer excluding T1 and T2 glottic cancer;

2.8 Left breast cancer if the lesion is in close proximity to the heart or other cardiovascular structures;
Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy.

2.9 Lung cancer if the lesion is in close proximity to the heart or other critical structures;
2.10 Pancreatic cancer where dose exceeds 50 Gy;
2.11 Postoperative radiation to pelvis for endometrial cancer;
2.12 Prostate cancer;
2.13 Primary, metastatic or benign tumors of the central nervous system, including the brain, brain stem, and spinal cord;
2.14 Primary, metastatic tumors of the spine where spinal cord tolerance may be exceeded by conventional treatment;
2.15 Primary metastatic benign lesions to the head and neck area including the aerodigestive tract, orbits, salivary glands, sinuses and skull base;
2.16 Gastric cancer;
2.17 Gynecologic malignancies e.g. uterus, cervix, ovary, fallopian tube;
2.18 Liver metastasis;
2.19 Lymphoma, involving one or more of the following:
   2.19.1 Eye (primary monocular)
   2.19.2 Lung
   2.19.3 Mediastinum, in proximity to lung and heart
   2.19.4 Nasal cavity
   2.19.5 Paranasal sinuses
   2.19.6 Parotid or other salivary gland
   2.19.7 Thyroid
   2.19.8 Stomach
2.20 IMRT may be necessary in lung cancer cases involving bilateral mediastinal involvement, extension to the midline of the mediastinum, cardiac involvement, or tumor abutting or involving vertebrae or brachial plexus, or great vessels.

3.0 IMRT for the following indications is considered experimental and investigational, and therefore not medically necessary:
3.1 Right breast cancer
3.2 Colon cancer
3.3 Lung cancer other than that described in criteria 2.20
3.4 Secondary bone and articular cartilage cancer
Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate or policy.

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<tr>
<th>Committee/Source</th>
<th>Date(s)</th>
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