

Clinical Policy: Intensity-Modulated Radiotherapy

Reference Number: LA.CP.MP.69

Last Review Date: 12/2020

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 Louisiana Healthcare Connections 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

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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	Description
Code	
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-	Malignant neoplasm of breast
C50.929	
C51.0-C51.9	Malignant neoplasm of vulva
C53.0-C53.9	Malignant neoplasm of cervix uteri
C61	Malignant neoplasm of prostate
C69.60-	Malignant neoplasm of orbit
C69.62	
C70.0-C70.9	Malignant neoplasm of meninges
C71.0-C71.9	Malignant neoplasm of brain



ICD-10-CM	Description	
Code		
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-	Benign neoplasm of unspecified site of orbit	
D31.62		
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-	Personal history of malignant neoplasm of stomach	
Z85.028		
Z85.040-	Personal history of malignant neoplasm of rectum, rectosigmoid junction,	
Z85.048	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-	Personal history of malignant neoplasm of lip, oral cavity, and pharynx	
Z85.819		
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	Date	Approval Date
Converted corporate to local policy.	12/1/2020	



References

- 1. Dagan R, Amdur RJ, Yeung AR, Dziegielewski PT. Tumors of the nasal cavity. In: UpToDate, Brockstein BE, Posner MR, Brizel DM, Fried MP (Ed), UpToDate, Waltham, MA. Accessed December 3, 2020.
- 2. DeLaney TF, Gebhardt MC, Ryan CW. Overview of multimodality treatment for primary soft tissue sarcoma of the extremities and chest wall. In: UpToDate, Maki R, Pollack RE (ED), UpToDate, Waltham, MA. Accessed December 3, 2020.
- 3. DiBiase SJ, Roach M. External beam radiation therapy for localized prostate cancer. In: UpToDate, Vogelzang N, Lee WR, Richie JP (Ed), UpToDate, Waltham, MA. Accessed December 3, 2020.
- 4. Galloway T, Amdur RJ. Management and prevention of complications during initial treatment of head and neck cancer. In: UpToDate, Posner MR, Brocksetein BE, Brizel DM, Deschler DG (Ed), UpToDate, Waltham, MA. Accessed December 3, 2020.
- 5. Gray HJ, Koh WJ. Adjuvant treatment of intermediate-risk endometrial cancer. In: UpToDate, Goff B, Dizon DS, Mundt AJ (Ed), UpToDate, Waltham, MA. Accessed December 3, 2020.
- 6. Koyfman SA. General principles of radiation therapy for head and neck cancer. In: UpToDate, Brockstein BE, Brizel DM, Posner MR (Ed), UpToDate, Waltham, MA. Accessed December 3, 2020.
- 7. Marcus KJ, Gajjar A. Focal brainstem glioma. In: UpToDate, Loeffler JS, Wen PY (Ed), UpToDate, Waltham, MA. Accessed December 3, 2020.
- 8. MacKay RI, Staffurth J, Poynter A, Routsis D, Radiotherapy Development Board. UK guidelines for the safe delivery of intensity-modulated radiotherapy. Clinical Oncology 2010;22(8):629-35.
- 9. Milliman Care Guidelines[®] 16th Edition. Intensity modulated radiation therapy (IMRT).
- 10. Mitin T. Radiation therapy techniques in cancer treatment. In: UpToDate, Loeffler, JS (Ed), UpToDate, Waltham, MA. Accessed December 3, 2020.
- 11. National Comprehensive Cancer Network®. Breast cancer. NCCN Clinical Practice Guidelines in Oncology. Version 3.2019 September 6, 2019.
- 12. National Comprehensive Cancer Network®. Cervical Cancer. NCCN Clinical Practice Guidelines in Oncology. Version 5.2019 September 16, 2019.
- 13. National Comprehensive Cancer Network®. Prostate cancer. NCCN Clinical Practice Guidelines in Oncology. Version 4.2019 August 19, 2019.
- 14. Sheets, NC. Intensity-modulated radiation therapy, proton therapy, or conformal radiation therapy and morbidity and disease control in localized prostate cancer. JAMA. 2012 Apr 18;307(15):1611-20.
- 15. Staffurth J, Radiotherapy Development Board. A review of the clinical evidence for intensity-modulated radiotherapy. Clinical Oncology 2010;22(8):643-57.
- 16. Su JM. Intracranial germ cell tumors. In: UpToDate, Loeffler JS, Wen PY, Gajjar A(Ed), UpToDate, Waltham, MA. Accessed December 3, 2020.
- 17. Synderman C. Chordoma and chondrosarcoma of the skull base. In: UpToDate, Loeffler JS, Wen PY, Fried MP (Ed), UpToDate, Waltham, MA. Accessed December 3, 2020.
- 18. National Comprehensive Cancer Network®. Central Nervous System Cancers. NCCN Clinical Practice Guidelines in Oncology. Version 3.2019 October 18, 2019.



- 19. National Comprehensive Cancer Network[®]. Anal Carcinoma. NCCN Clinical Practice Guidelines in Oncology. Version 1.2020 November 19, 2019.
- 20. National Comprehensive Cancer Network®. Gastric Cancer. NCCN Clinical Practice Guidelines in Oncology. Version 3.2019 November 18, 2019
- 21. National Comprehensive Cancer Network®. Head and Neck Cancers. NCCN Clinical Practice Guidelines in Oncology. Version 3.2019 September 16, 2019.
- 22. National Comprehensive Cancer Network®. Thyroid Carcinoma. NCCN Clinical Practice Guidelines in Oncology. Version 2.2019 September 16, 2019.
- 23. National Comprehensive Cancer Network®. Uterine Neoplasms. NCCN Clinical Practice Guidelines in Oncology. Version 4.2019 September 19, 2019.
- 24. National Comprehensive Cancer Network®. Vulvar Cancer (squamous cell carcinoma). NCCN Clinical Practice Guidelines in Oncology. Version 2.2019.
- 25. National Cancer Institute (NCI). ATC guidelines for use of IMRT (including intra-thoracic treatments). May 2006. Available at: http://rrp.cancer.gov/content/docs/imrt.doc.
- 26. Donovan E, Bleakley N, Denholm E, et al. Breast Technology Group. Randomised trial of standard 2D radiotherapy (RT) versus intensity-modulated radiotherapy (IMRT) in patients prescribed breast radiotherapy. Radiother Oncol. 2007 Mar;82(3):254-64.
- 27. McDonald MW, Godette KD, Butker EK, et al. Long-term outcomes of IMRT for breast cancer: a single-institution cohort analysis. Int J Radiat Oncol Biol Phys. 2008 Nov 15;72(4):1031-40.
- 28. Pignol JP, Olivotto I, Rakovitch E, et al. A multicenter randomized trial of breast intensity-modulated radiation therapy to reduce acute radiation dermatitis. J Clin Oncol. 2008 May 1;26(13):2085-92.
- 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 Jan 1;70(1):296-302.
- 30. Center for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Intensity Modulated Radiation Therapy (IMRT) (L36773). Effective November 7, 2016. Accessed December 2, 2020.
- 31. Center for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Intensity Modulated Radiation Therapy (IMRT) (L36711). Effective December 1, 2016. Accessed December 2, 2020.
- 32. Chino J, Annunziata C, Beriwal S et al. Radiation Therapy for Cervical Cancer: Executive Summary of an ASTRO Clinical Practice Guideline. ASTRO.org. https://www.practicalradonc.org/article/S1879-8500(20)30094-1/fulltext. Published 2020. Accessed December 3, 2020.

Important Reminder

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