Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Intensity Modulated Radiation Therapy (IMRT)  MP9426

Covered Service:  Yes

Prior Authorization
Required:  Yes

Additional Information:  None

WellFirst Health 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 in close proximity to small bowel, bladder, and genitalia;

2.2 Astrocytoma;

2.3 Advanced or low lying rectal cancer;

2.4 Anaplastic thyroid cancer;

2.5 Brain tumors in close proximity to critical structures;

2.6 Esophageal cancer where dose exceeds 50 Gy;

2.7 Gallbladder cancer where dose exceeds 50 Gy;

2.8 Head and neck cancer, in close proximity to salivary glands or spinal cord (excluding T1 and T2 glottic cancer);
Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate or policy and to applicable state and/or federal laws.

2.9 Left breast cancer if the lesion is in close proximity to the heart or other cardiovascular structures;

2.10 Lung cancer if the lesion is in close proximity to the heart or other critical structures;

2.11 Pancreatic cancer where dose exceeds 50 Gy;

2.12 Postoperative radiation to pelvis for endometrial cancer;

2.13 Prostate cancer;

2.14 Primary, metastatic or benign tumors of the central nervous system, including the brain, brain stem, and spinal cord;

2.15 Primary, metastatic tumors of the spine where spinal cord tolerance may be exceeded by conventional treatment;

2.16 Primary metastatic benign lesions to the head and neck area including the aerodigestive tract, orbits, salivary glands, sinuses and skull base;

2.17 Gastric cancer;

2.18 Soft tissue sarcoma;

2.19 Gynecologic malignancies e.g. uterus, cervix, ovary, fallopian tube;

2.20 Hepatocellular carcinoma;

2.21 Liver metastases;

2.22 Non-small cell lung cancer, and ALL of the following:

   2.22.1 Administered with concurrent chemotherapy; AND
   2.22.2 Stage III disease

2.23 Lymphoma, involving one or more of the following:

   2.23.1 Eye (primary monocular)
   2.23.2 Lung
   2.23.3 Mediastinum, in proximity to lung and heart
   2.23.4 Nasal cavity
   2.23.5 Paranasal sinuses
   2.23.6 Parotid or other salivary gland
   2.23.7 Thyroid
   2.23.8 Stomach

2.24 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.
Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

3.0 IMRT for the following indications is considered experimental and investigational, and therefore not medically necessary:

3.1 Breast cancer;
3.2 Esophageal cancer;
3.3 Mesothelioma;
3.4 Colon cancer;
3.5 Lung cancer other than that described in criteria 2.21
3.6 Meningioma;
3.7 Rhabdomyosarcoma;
3.8 Secondary bone and articular cartilage cancer;
3.9 Thyroid-associated ophthalmopathy (Grave disease)

<table>
<thead>
<tr>
<th>Committee/Source</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document created:</td>
<td></td>
</tr>
<tr>
<td>Medical Policy Committee/Health Services Division</td>
<td>March 20, 2019</td>
</tr>
<tr>
<td>Revised:</td>
<td></td>
</tr>
<tr>
<td>Medical Policy Committee/Health Services Division</td>
<td>July 17, 2019</td>
</tr>
<tr>
<td>Medical Policy Committee/Health Services Division</td>
<td>July 15, 2020</td>
</tr>
<tr>
<td>Reviewed:</td>
<td></td>
</tr>
<tr>
<td>Medical Policy Committee/Health Services Division</td>
<td>July 17, 2019</td>
</tr>
<tr>
<td>Medical Policy Committee/Health Services Division</td>
<td>July 15, 2020</td>
</tr>
</tbody>
</table>

Published/Effective: 08/01/2020