

**Intensity Modulated Radiation Therapy (IMRT)
Medicare Local Coverage Determination (LCD) - L36773 Checklist**

LCD-L36773	Patient Name:	MR:
Effective Date: For services performed on or after 07/31/2019		
<p>Intensity Modulated Radiation Therapy (IMRT) is a computer-based method of <u>planning and delivery</u> of radiation to tumors with generally narrow, patient specific, spatially and temporally modulated beams of radiation. The planning phase is a multistep process in which imaging, calculations, and simulations are performed to develop an IMRT treatment plan. During the delivery phase, radiation is delivered to treatment site (i.e., a tumor) at the various intensity levels prescribed in the IMRT treatment plan. IMRT planning and delivery uses an approach for obtaining the highly conformal dose distributions needed to irradiate complex targets positioned near, or invaginated by, sensitive normal tissues, thus improving the therapeutic ratios. IMRT delivers a more precise radiation dose to the tumor while sparing the surrounding normal tissues by using non-uniform radiation beam intensities that are determined by various computer-based optimization techniques.</p>		
COVERAGE INDICATIONS		
IMRT is covered when the below outlined indications and medical necessity criteria are met and supported by medical record documentation:		
<input type="checkbox"/> Patient diagnoses supports medical necessity <i>Note: Refer to the below Coding and Billing section for qualifying diagnoses codes.</i>		
<input type="checkbox"/> IMRT conformal dose planning is required		
<input type="checkbox"/> IMRT planning is for one or more of the following conditions: <ul style="list-style-type: none"> • An immediately adjacent area has been previously irradiated and abutting portals must be established with high precision. • Dose escalation is planned to deliver radiation doses in excess of those commonly utilized for similar tumors with conventional treatment. • The target volume is concave or convex, and the critical normal tissues are within or around that convexity or concavity. • The target volume is in close proximity to critical structures that must be protected. • The volume of interest must be covered with narrow margins to adequately protect immediately adjacent structures. 		
<input type="checkbox"/> Disease sites include one or more of the following: <ul style="list-style-type: none"> • Primary, metastatic or benign tumors of the central nervous system including the brain, the brain stem, and spinal cord • Primary or metastatic tumors of the spine; spinal cord tolerance exceeded with conventional treatment or spinal cord previously irradiated • Primary, metastatic, benign or recurrent head and neck malignancies, including: orbits, sinuses, skull base, aero-digestive tract, and salivary glands • Thoracic malignancies • Abdominal malignancies when dose constraints to small bowel or other normal abdominal tissue are exceeded and present administration of a therapeutic dose • Pelvic malignancies including: prostatic, gynecological and anal carcinoma • Other pelvic or retroperitoneal malignancies. <i>Note: Other malignancies not delineated require submission of documentation for medical necessity should a denial occur.</i>		
<input type="checkbox"/> Services are ordered and furnished by qualified personnel <i>Note: Documentation may be requested.</i> <ul style="list-style-type: none"> • <i>Physician</i> with expertise/training from an accredited residency and/or fellowship program in the applicable specialty/ subspecialty, i.e., Radiation Oncology. • <i>All personnel</i> (radiation oncologist/other qualified physician radiation/medical physicist/radiation technologist/and radiation assistant) involved in administering, supervising, and treating patients meet state, Medicare ,and the Nuclear Regulatory Commission (NRC)' regulations. 		
<input type="checkbox"/> Utilization of services is consistent with locally acceptable standards of practice.		
<input type="checkbox"/> Physician supervision requirements are met <i>Note: Refer to annual (e.g. 2020) National Physician Fee Schedule Relative Value File, requirements per CPT code.</i> link		
<input type="checkbox"/> Federal and local radiation protection (patient safety and quality assurance) requirements are met.		
<p>Non-Covered IMRT Procedures: IMRT is not reasonable and necessary when the above criteria listed in the "Coverage Indications" are <u>not</u> met.</p> <p>Clinical scenarios that would <u>not typically support</u> the use of IMRT include:</p> <ul style="list-style-type: none"> • IMRT does not offer an advantage over conventional or three-dimensional conformal radiation therapy techniques that deliver good clinical outcomes and low toxicity • clinical urgency, such as spinal cord compression, superior vena cave syndrome or airway obstruction • palliative treatment of metastatic disease where the prescribed dose does not approach normal tissue tolerances • inability to accommodate for organ motion, such as for a mobile lung tumor • inability of the patient to cooperate and tolerate immobilization to permit accurate and reproducible dose delivery 		
MEDICAL RECORD DOCUMENTATION		
<i>Treating Provider</i> : •rationale on the special need/advantage of IMRT versus the use of conventional or three-dimensional treatment planning and delivery		
<input type="checkbox"/> •IMRT treatment plan with goals and requirements including dose constraints and other organs/adjacent critical structures at risk •procedure order <ul style="list-style-type: none"> •all with legible signatures/dates/patient identification 		
<i>Radiation Oncologist</i> : •informed consent •medical necessity for IMRT for any site •review of the CT or MRI based images of the target and all critical structures with representative		
<input type="checkbox"/> isodose distributions that characterize the three-dimensional dose •review of dose-volume histograms for all targets and critical structures <ul style="list-style-type: none"> •dosimetric verification of treatment setup and delivery (co-signed by medical physicist) •all with legible signatures/dates/patient identification 		
<input type="checkbox"/> Description of the number and location of each treatment step/rotation or portal to accomplish the treatment plan		
<input type="checkbox"/> For compensator-based IMRT, the unique compensator design for each step or portal		
<input type="checkbox"/> Fluence distributions recomputed in a phantom, or an equivalent methodology consistent with patient specific IMRT treatment verification		
<input type="checkbox"/> Target verification methodology with the clinical treatment volume (CTV) and the planning target volume (PTV), immobilization with patient positioning, and means of dose verification and secondary means of verification		
<input type="checkbox"/> Other procedures during the episode of care supporting the professional and technical components as applicable by identifying the place of service, the date of service, the supervising physician, and proof of work provided		
<input type="checkbox"/> Clinical documentation supporting the selected diagnosis (ICD-10-CM) and procedure (CPT) codes for billing		
CODING and BILLING		
<ul style="list-style-type: none"> • <i>Qualifying codes:</i> diagnosis (ICD-10-CM) and procedures (CPT) codes are listed in Local Coverage Article (LCA): Billing and Coding: IMRT (A56746) ---> link • <i>Coding/Compliance Alert:</i> The bundled payment for IMRT planning (CPT 77301) includes payment for <i>other services*</i> (CPT codes 77014, 77280, 77285, 77290, 77295, 77306, 77321, 77331, and 77370) as part of the development of the IMRT treatment plan regardless if they are performed on <u>the same or different</u> date of service. Do not report separately the CPT codes for the other services* (listed above). <i>Note: Refer to Medicare Manual 100-04, chapter 4, 200.3.1.</i> • <i>Appeals/Redetermination:</i> for services not meeting medical necessity (MN) requirements per LCD, submit radiation oncologist's determination of MN (any site) • <i>Non-covered service:</i> deliver ABN to patient/retain signed form/use appropriate ABN modifiers for billing <i>Note: Compliance with the provisions in LCD (L36773) for IMRT may be monitored and addressed through post payment data analysis and subsequent medical review audits.</i>		
Checklist completed by:		Date:
<p><i>Disclaimer: The content of the checklists were created as an educational tool. Use of these documents are not intended as a replacement for the documentation requirements published in National or Local Coverage Determinations, or the CMS's documentation guidelines, written law or regulations. Medicare policy changes frequently; Providers/Departments are reminded to review current National and Local Coverage Determination and Policy Articles for specific documentation and coding guidelines.</i></p>		