



Radiation Therapy Review Criteria

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Department/Approved By: Organization Wide, Compliance Policy Committee

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Purpose:

To describe criteria utilized by OncoHealth, for radiation therapy prior authorization reviews.

Process:

When reviewing prior authorization requests for radiotherapy, OncoHealth starts by taking into consideration a payer's commercial coverage policies if a request involves the commercial line of business. Next, OncoHealth considers current national guidelines and consensus statements. These include the National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) that are frequently updated and widely recognized as the gold standard; American Society for Radiation Oncology (ASTRO) Clinical Practice Guidelines and Model Policies; American Radium Society Appropriate Use Criteria[®]; American Brachytherapy Society Consensus Statements; and, in the case of a Medicare patient, any applicable Centers for Medicare & Medicaid Services (CMS) national or local coverage determination.

OncoHealth often uses the NCCN Guidelines because they are: 1) the most frequently updated national guidelines; 2) the recognized gold standard for clinical direction and policy in cancer care in the US; and 3) free of financial bias.

In general, when reviewing a prior authorization request, OncoHealth considers efficacy followed by toxicity followed by cost. OncoHealth never recommends denial of a treatment request based on cost alone. OncoHealth uses a proprietary method to create a high-quality, value-based subset of treatment options in the NCCN Guidelines that are automatically approved (which OncoHealth refers to as "auto protocols"). In general, if a value-based treatment option is selected, then OncoHealth quickly recommends to the payer that the request be approved. All requests that are not value-based (which OncoHealth refers to as "non-auto protocols") are reviewed by radiation oncologists. OncoHealth updates radiation oncology protocols in its database as soon as new information becomes available. If a recommendation for adverse determination (RAD) or a denial based on a lack of medical necessity is issued, then a detailed, written explanation with references is provided, e.g., including treatment options in the NCCN Guidelines.

Clinical trials can establish the comparative effectiveness of treatments and produce the best data for decision-making. Unlike clinical trials, patient registries have no comparator group and are therefore less likely to add meaningful information to the literature. Consequently, OncoHealth believes that research involving common cancers like prostate, breast or lung cancer should emphasize clinical trials over patient registries.

Categories 1 to 2A of the NCCN Guidelines indicate that there is uniform NCCN consensus that the intervention is appropriate. Consequently, radiation oncology prior authorization requests that are consistent with Categories 1 or 2A of the NCCN Guidelines are approved. If a radiation oncology treatment request is NCCN Category 2B indicating that there is NCCN consensus that the intervention is appropriate based upon lower-level evidence, then OA determines whether it is medically necessary by reviewing the quality and consistency of evidence in the literature. In accordance with CMS, this includes determining if the treatment request is supported by an article in one of the following 26 journals:

- American Journal of Medicine
- Annals of Internal Medicine
- Annals of Oncology
- Annals of Surgical Oncology
- Biology of Blood and Marrow Transplantation
- Blood
- Bone Marrow Transplantation
- British Journal of Cancer
- British Journal of Hematology
- British Medical Journal
- Cancer
- Clinical Cancer Research
- Drugs
- European Journal of Cancer (formerly the European Journal of Cancer and Clinical Oncology)
- Gynecologic Oncology
- International Journal of Radiation, Oncology, Biology, and Physics
- The Journal of the American Medical Association
- Journal of Clinical Oncology
- Journal of the National Cancer Institute
- Journal of the National Comprehensive Cancer Network (NCCN)
- Journal of Urology
- Lancet
- Lancet Oncology
- Leukemia
- The New England Journal of Medicine
- Radiation Oncology

If a treatment request is NCCN Category 3 indicating that there is major NCCN disagreement that the intervention is appropriate, then OncoHealth considers it medically unnecessary. OncoHealth subscribes to the NCCN Flash Updates™ to ensure that it is following current guidelines.

If there isn't an NCCN category for a treatment request, then OncoHealth considers the quality and consistency of peer-reviewed literature.

Health plans aren't responsible for covering the cost of experimental/investigational treatment. Inclusion of a health plan member on a clinical trial or a patient registry, e.g., for proton beam therapy, does not, by itself, constitute medical necessity.

For the commercial line of business, OncoHealth follows the review criteria described above. Also, for the Medicare line of business, OncoHealth takes into consideration all applicable Local Coverage Determination (LCD) and National Coverage Determinations (NCD).



A review of billing (CPT/HCPCS) codes is not part of the medical necessity review. Instead, determination of the medical necessity of a radiotherapy prior authorization request is based upon review of the radiotherapy technique and number of fractions for a given diagnosis. Following a medical necessity review, OncoHealth informs health plans as to which billing codes and quantities are appropriate for an approved prior authorization request before treatment is started.

Treating physicians always speak with experienced, board-certified radiation oncologists at OncoHealth for peer-to-peer consultations regarding medical necessity. OncoHealth prides itself on rapid turn-around times and collegial conversations with treating physicians.

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