

TITLE:	Radiation Therapy Review Criteria	Policy #: UM 54
DEPARTMENT: Utilization Management	APPROVED BY: QUMC	
REVIEWED AND APPROVED DATE: 5/31/2024		

Purpose:

To describe criteria utilized by OncoHealth (OH), for radiation therapy prior authorization reviews. The medical necessity criteria used for determinations is identified on the OncoHealth website and/or available upon request. The specific criteria utilized for determinations is identified in the written explanation when an adverse determination is rendered.

Process:

When reviewing prior authorization requests for radiation therapy, OncoHealth will follow the hierarchy noted below based on the line of business:

- For commercial authorizations, OncoHealth will utilize the related health plan guideline or other evidence-based national criteria such as the National Cancer Comprehensive Guidelines (NCCN) or American Society for Radiation Oncology (ASTRO) when no relevant health plan guideline exists.
- For Medicaid, state-specific guidelines and requirements are used or other evidence-based national criteria such as the National Cancer Comprehensive Guidelines or American Society for Radiation Oncology (ASTRO) when no relevant state-specific guidelines exist.
- For Medicare authorization decisions, we access the National or Local Coverage Determinations (NCD/LCD), and when no coverage determination is available, we check the health plan guidelines, or other evidence-based national criteria such as the National Cancer Comprehensive Guidelines or American Society for Radiation Oncology (ASTRO).

OncoHealth uses a proprietary method to create a high-quality, value-based subset of treatment options in the NCCN Guidelines and ASTRO guidelines that are automatically approved or recommended for approval. OncoHealth updates radiation oncology protocols in its database as soon as new information becomes available. All non-auto requests are reviewed by a team of radiation oncology nurses, a radiation coder and/or radiation oncologists. 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.

A review of billing (CPT/HCPSC) codes is included when determining the medical necessity of a radiation therapy prior authorization request. This review is based upon the radiotherapy technique, number of fractions and the appropriateness of the requested codes and regimen as they are requested for a given diagnosis.

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

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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 is not uniform, but the intervention is appropriate based upon lower-level evidence, then OH determines whether it is medically necessary by reviewing the quality and consistency of evidence in the literature.

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. 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

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- Leukemia
- The New England Journal of Medicine
- Radiation Oncology

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

All inquiries regarding review criteria should be directed to:

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Department/Approved By: QUMC

Revision Date	Description of Changes
05/29/2018	Creation Date
07/02/2020	New format
08/10/2024	Format & policy number change
04/24/2025	Update to hierarchy review format, general format changes and updates
05/07/2025	Approved by QUMC