



## Request for Clinical Exception to BCBSMA Intensity Modulated Radiation Therapy (IMRT) Policy and Notification

Before Rendering Services	After Delivery of Services
<b>Services rendered both in and outside of Massachusetts:</b> Blue Cross Blue Shield of Massachusetts Case Creation/Medical Policy <b>Fax to:</b> 1-888-282-0780	<b>Services rendered in Massachusetts:</b> <b>Mail to:</b> Blue Cross Blue Shield of Massachusetts PO Box 986065 Boston, MA 02298  Please also submit a completed <a href="#">Request for Claim Review Form</a> .  <b>Services rendered outside of Massachusetts:</b> Submit to your Local Plan

**Clinical Exception and Notification Form** for the following IMRT medical policies must be filled out and submitted prior to any of the below IMRT treatments:

- IMRT of the Breast and Lung, #[163](#)
- IMRT of the Abdomen and Pelvis, #[165](#)
- IMRT of the Central Nervous System Tumors, #[910](#)

**Clinical Exception and Notification Form** for the following IMRT medical policies is **NOT** required to be filled out and submitted prior to any of the below IMRT treatments:

- IMRT of the Prostate, #[090](#)
- IMRT of the Head and Neck or Thyroid, #[164](#)

Providers **must** complete the Clinical Exception and Notification Form below when requesting coverage:

- For medically necessary indications described in the above condition-specific medical policies. See [notification section](#) of the form.
- For not medically necessary and investigational indications, described in the in the above condition-specific medical policies. See [exception section](#) of the form.

Is the member enrolled in a clinical trial?  Yes  No

If yes, provide the clinical trial number: \_\_\_\_\_

Member Information		Provider/Facility Information	
Member Name:		Provider Name:	
BCBSMA ID #:		Provider NPI:	
Date of Birth:		Facility Name:	
Today's Date:		Facility NPI:	
Dates of Service:	From:                      To:	Contact Name:	
Number of Sessions:		Contact Phone:	

## EXCEPTION - Cancer Type and Volume / Dose Criteria

In consultation with practicing radiation oncologists, the following clinical exceptions were established based on acceptable radiation dosage and volume limits to adjacent organs when treating the primary cancer types noted. This is a supplement to our coverage statements regarding the use of IMRT to treat the primary cancer. Please indicate the exception type by checking the appropriate description of why you are requesting the use of IMRT. Use the section at end of this form for those indications not otherwise found on this form.

Cancer Type	Adjacent Tissue Involvement:					
<p><b>Lymphomas</b></p> <p><b>Sarcomas of Head, Neck, Retroperitoneum, Chest Wall and Thorax</b></p> <p>List ICD10 diagnosis below: _____</p>	<p><input type="checkbox"/> <b>HEART</b> 3D results in mean heart dose <math>\geq 15\text{Gy}</math></p> <p><input type="checkbox"/> <b>SMALL INTESTINE</b> 3D results in <math>\geq 195</math> cc of small intestine receiving <math>\geq 45\text{Gy}</math></p> <p><input type="checkbox"/> <b>HEAD AND NECK</b> IMRT covered if head and neck structures would receive any radiation via 3D</p>	<p><input type="checkbox"/> <b>LUNG</b> 3D results in <math>\geq 30\%</math> of combined lung volume receiving <math>\geq 20\text{Gy}</math> <b>OR</b> Mean lung dose of <math>\geq 20\text{Gy}</math></p> <p><input type="checkbox"/> <b>STOMACH</b> 3D results in <math>\geq 10\%</math> of stomach receiving <math>\geq 45\text{Gy}</math> <b>OR</b> 5% receiving <math>\geq 50\text{Gy}</math></p>	<p><input type="checkbox"/> <b>SPINAL CORD</b> 3D results in any portion of the spinal cord receiving a dose above <math>45\text{Gy}</math></p> <p><input type="checkbox"/> <b>RECTOSIGMOID</b> 3D results in <math>\geq 60\%</math> of rectosigmoid area receiving <math>\geq 30\text{Gy}</math></p>	<p><input type="checkbox"/> <b>LIVER</b> 3D results in 60% of liver volume receiving <math>\geq 30\text{Gy}</math> <b>OR</b> mean liver dose <math>\geq 32\text{Gy}</math></p> <p><input type="checkbox"/> <b>BLADDER</b> 3D results in <math>\geq 35\%</math> of bladder receiving <math>\geq 45\text{Gy}</math></p>	<p><input type="checkbox"/> <b>FEMORAL HEAD</b> 3D results in a femoral head receiving <math>\geq 45\text{Gy}</math></p> <p><input type="checkbox"/> <b>KIDNEY</b> 3D results in 33% of combined kidney volume receiving <math>\geq 20\text{Gy}</math> (two functional kidneys are present) <b>OR</b> For one functioning kidney or kidney transplant, IMRT provides a lower dose than achievable with 3D</p>	
<p><b>Sarcomas of the Extremities</b></p> <p>List ICD10 diagnosis below: _____</p>	<p><input type="checkbox"/> <b>HEAD / NECK</b> IMRT covered if head and neck structures would receive any radiation via 3D</p>	<p><input type="checkbox"/> <b>FEMUR</b> 3D results in <math>\geq 50\%</math> of contiguous femur cortex receiving <math>\geq 50\text{Gy}</math></p>				

## NOTIFICATION - Cancer Type and Volume / Dose Criteria

Coverage of IMRT for the following cancer types is determined by the level of exposure of adjacent healthy tissue to potentially toxic radiation doses from conventional 2D/3D conformal radiation therapy. The thresholds are stated in the BCBSMA medical policies for abdomen/pelvis (165), breast and lung (163), and central nervous system (910) and on this form. To obtain reimbursement for treatment with IMRT of patients with the clinical scenarios listed as medically necessary on the medical policies and this form below, providers must attest that the patient meets the threshold criteria of the scenario by checking the appropriate box describing the adjacent tissue and the threshold that is exceeded on this form and submit it to BCBSMA as described at the beginning of this policy prior to initiating treatment. **Note: IMRT for anal cancers and vulvar cancers do not require notification, because they are considered medically necessary for all patients with these conditions.**

Primary Cancer Type:	Adjacent Tissue Involvement:				
<b>Breast Cancer</b>  List ICD10 diagnosis below: _____	<input type="checkbox"/> <b>HEART</b> 3D results in mean heart dose $\geq$ 5Gy	<input type="checkbox"/> <b>LUNG</b> 3D results in $\geq$ 30% of ipsilateral lung receiving $\geq$ 20Gy <b>OR</b> 3D results in $\geq$ 20% of combined lung volume receiving $\geq$ 20Gy	<input type="checkbox"/> <b>SKIN/ CW/ SOFT TISSUE</b> 3D results in $\geq$ 5% of intended breast receiving $\geq$ 7% of prescribed dose <b>OR</b> Medial lesion where 3D results in $\geq$ 10% of contralateral breast receiving $\geq$ 10Gy		
<b>Lung</b>  List ICD10 diagnosis below: _____	<input type="checkbox"/> <b>HEART</b> 3D results in mean heart dose $\geq$ 20Gy	<input type="checkbox"/> <b>LUNG</b> 3D results in $\geq$ 30% of non-cancerous combined lung volume receiving $\geq$ 20Gy			
<b>Central Nervous System</b>  List ICD10 diagnosis below: _____	<input type="checkbox"/> <b>LENSES</b> 3D results in a dose $\geq$ 7Gy	<input type="checkbox"/> <b>RETINAE or GLOBES</b> 3D results in a dose $\geq$ 45Gy	<input type="checkbox"/> <b>OPTIC NERVES/ CHIASM</b> 3D results in a dose $\geq$ 54Gy	<input type="checkbox"/> <b>BRAINSTEM</b> 3D results in a dose $\geq$ 54Gy	<input type="checkbox"/> <b>HEAD and NECK IMRT</b> covered if head and neck structures would receive any radiation via 3D
<b>Esophagus, Stomach, Pancreas, Hepatobiliary Tract, Rectum, Colon, Small Bowel</b>  List ICD10 diagnosis below: _____	<input type="checkbox"/> <b>HEART</b> 3D results in mean heart dose $\geq$ 20Gy  <input type="checkbox"/> <b>SMALL INTESTINE</b> 3D results in $\geq$ 195 cc of	<input type="checkbox"/> <b>LUNG</b> 3D results in $\geq$ 30% of combined lung volume receiving $\geq$ 20Gy <b>OR</b> Mean lung dose $\geq$ 20Gy  <input type="checkbox"/> <b>STOMACH</b>	<input type="checkbox"/> <b>SPINAL CORD</b> 3D results in any portion of the spinal cord receiving a dose above 45Gy	<input type="checkbox"/> <b>LIVER</b> 3D results in $\geq$ 60% of liver volume receiving $\geq$ 30Gy <b>OR</b> Mean liver dose $\geq$ 32Gy	<input type="checkbox"/> <b>KIDNEY</b> 3D results in $\geq$ 33% of combined kidney volume receiving $\geq$ 20Gy (two functional kidneys are present) <b>OR</b>

	small intestine receiving $\geq 45\text{Gy}$	3D results in $\geq 10\%$ of stomach receiving $\geq 45\text{Gy}$ <b>OR</b> 5% receiving $\geq 50\text{Gy}$	<b>FEMORAL HEAD</b> 3D results in a femoral head receiving $\geq 45\text{Gy}$	For one functioning kidney or kidney transplant, IMRT provides a lower dose than achievable with 3D
<b>Cervix, Endometrium</b>  List ICD10 diagnosis below: _____	<input type="checkbox"/> <b>RECTOSIGMOID</b> 3D results in $\geq 60\%$ of rectosigmoid area receiving $\geq 30\text{Gy}$	<input type="checkbox"/> <b>BLADDER</b> 3D results in $\geq 35\%$ of bladder receiving $\geq 45\text{Gy}$	<b>FEMORAL HEAD</b> 3D results in a femoral head receiving $\geq 45\text{Gy}$	<input type="checkbox"/> <b>SMALL INTESTINE</b> 3D results in $\geq 195\text{ cc}$ of small intestine receiving $\geq 45\text{Gy}$
<b>Vulva</b>  List ICD10 diagnosis below: _____	<input type="checkbox"/> <b>RECTOSIGMOID</b> IMRT covered for all vulvar malignancies	<input type="checkbox"/> <b>BLADDER</b> IMRT covered for all vulvar malignancies	<b>FEMORAL HEAD</b> IMRT covered for all vulvar malignancies	<input type="checkbox"/> <b>SKIN/CW/ SOFT TISSUE</b> IMRT covered for all vulvar malignancies

If the clinical case is not covered by any of the above pre-approved criteria, please provide the following information to guide the decision process. Thank you.		
<b>Cancer Type:</b>	<b>Adjacent Tissue Involvement:</b>	<b>Document the expected dose/volume to adjacent healthy tissue(s) and the threshold for toxicity of that tissue, for example. (For example, 3D results in <math>\geq XX\%</math> of ADJACENT CRITICAL STRUCTURE X receiving <math>\geq XX\text{Gy}</math>.)</b>
List ICD10 diagnosis below: _____		