# Understanding Medical Necessity in Oncology

One of the most common statements insurance payers provide on authorization approvals states: "Authorization is not a guarantee of payment, payment is subject to medical necessity." Medical necessity is a crucial piece of authorization processes, especially in an oncology setting.

It can be confusing to learn how to verify medical necessity, particularly for non-clinical roles that are submitting authorizations. Below are a few resources to help staff determine medically necessary services (e.g. treatment, therapy, procedures, imaging, etc.).

The **National Comprehensive Cancer Network (NCCN)** is a nonprofit alliance of 33 cancer centers throughout the U.S. NCCN develops the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), a set of recommendations designed to help healthcare professionals diagnose, treat, and manage cancer patient care.

For chemotherapy and infusion reviews, use the **NCCN Drugs and Biologics Compendium**.

**Local Coverage Determination (LCD) / Local Coverage Articles (LCA):** A local coverage determination is a decision made by a Medicare Administrative Contractor (MAC) on whether a particular service or item is reasonable and necessary, and therefore covered by Medicare within the specific region that the MAC oversees.

LCD/LCA are commonly used to verify medical necessity for radiation therapy and supportive care therapies (i.e. Erythropoietin stimulating agents, intravenous immune globulin, etc.).

**Centers for Medicare and Medicaid Services (CMS):** A federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid.

**American Society for Radiation Oncology (ASTRO):** Provides resources for patients with cancer undergoing radiation treatment. ASTRO also provides billing and coding insights and tips that can help cancer centers maximize radiation treatment reimbursement.

**Tips on How to Review NCCN Drugs and Biologics Compendium**

→ Use the filter fields and add the patient's diagnosis code (ICD-10) and either Agent/Brand for one drug of the patient's regimen.

→ Click on "Guideline" hyperlink, a new tab will open with disease guidelines.

→ Review the guidelines while referencing the patient's EHR for clinical documentation, to confirm treatment matches.

→ Print the page that supports the treatment (either hard copy or save as PDF) to submit with the authorization request.

→ NCCN offers a free downloadable user guide to help navigate the compendium, available to download **here.**

**Tips on How to Review LCD/LCA**

→ Open the LCD/LCA based on your state from the CMS website.

→ Locate the appropriate guidelines for the treatment in question.

→ Type (Ctrl+F) on your keyboard and enter in the patient's ICD-10 code.

→ If the ICD-10 code is listed, the treatment is medically necessary.

**Food and Drug Administration (FDA):** A federal agency of the U.S. Department of Health and Human Services, tasked with assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation.

**Important:** Many drugs have FDA indications; however, they might have more indications on the NCCN Drugs and Biologics Compendium. A treatment can sometimes be considered "off-label" based on FDA indications, but "on-label" based on NCCN indications.

Remember, the clinical team is an ally. Always communicate with the treating provider and nurse to help you determine if treatment is medically necessary.

**ACCC**
Association of Community Cancer Centers

Learn more at **accc-cancer.org/prior-authorization**.
For more information, visit **accc-cancer.org**.

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