

Understanding Prior Authorization Needs for Radiation Therapy

Prior authorization has a major impact on radiation therapy, and radiation therapy represents a significant component of anti-cancer treatment. To ensure access to life-saving therapies, it is necessary to address best practices in handling prior authorizations and denials avoidance.

Below are tips and tricks to get you started on obtaining successful prior authorizations.

Ensure the following information is included within the treatment plan provided by the clinician:

- ✓ Treatment type (i.e., which treatment is ordered)
- ✓ How many fractions are needed
- ✓ If there is a treatment boost
- ✓ If the treatment includes Image-Guided Radiation Treatment (IGRT) such as, Stereoscopic X-rays, Optical Surface Guidance or CT Guidance
- ✓ Patient management schedule (i.e., weekly, monthly, etc.,)

Dosimetry refers to the measurement, calculation, and assessment of radiation used in treating disease detection. The technical name for radiation dose is “absorbed dose;” it is the amount of radiation energy that is deposited in tissue divided by the mass of the tissue.

Prior authorizations require dosage information. Here are some key things to keep in mind when determining dosage:

1. How many hand calculations?★
2. Is there a radiation boost★ added to treatment?
3. Is there a special dosimetry charge?
4. What is the dose-volume histograms (DVH) requirement?

★ **Hand calculation** includes various methods such as percent depth dose, tissue phantom ratio, and tissue maximum ratio as used in monitor unit calculations.

★ **Radiation boost** is an extra concentrated boost usually given to minimize recurrence.

In radiation therapy planning, dose-volume histograms (DVH) are used by health insurers to evaluate medical necessity. A DVH is a graphical representation of dose-volume frequency distribution.

In preparing to submit a prior authorization, review the patient’s proposed treatment plan to verify the following physics related treatment options:

1. Are there weekly physics checks?
2. Will there be a need for a special physics charge?

If the answer is yes to either of these questions, use one of the following special CPT codes in the submission:

- ➔ *Current Procedural Terminology (CPT) code 77470 Special Treatment Procedure*
- ➔ *Current Procedural Terminology (CPT) code 77370 Special Physics*
- ➔ *Current Procedural Terminology (CPT) code 77331 Special Dosimetry*



TIPS:

- Radiation codes can be complicated and sometimes result in high billing and coding errors. Always double check with the provider, clinical team, and dosimetry team on questions you are not sure about.
- Reviewing medical necessity is an important part of prior authorizations, ensure that your practice has an effective workflow.
- Radiation authorizations have a date range of approval, ensure that treatment falls within the approved date range.

For more information on medical necessity, check out ACCC’s resource “**Understanding Medical Necessity in Oncology**” at: acc-cancer.org/prior-authorization.

TYPES OF RADIATION:

Intensity modulated radiation therapy (IMRT)

is an advanced mode of high-precision radiotherapy that uses computer-controlled linear accelerators to deliver precise radiation doses to a malignant tumor or specific areas within the tumor. IMRT allows for the radiation dose to conform more precisely to the three-dimensional (3-D) shape of the tumor by modulating—or controlling—the intensity of the radiation beam in multiple small volumes. IMRT also allows higher radiation doses to be focused on the tumor while minimizing the dose to surrounding normal critical structures.



Stereotactic radiosurgery (SRS)

is a non-surgical radiation therapy used to treat functional abnormalities and small tumors of the brain. It can deliver precisely targeted radiation in fewer high-dose treatments than traditional therapy, which can help preserve healthy tissue. When SRS is used to treat body tumors, it's called stereotactic body radiotherapy (SBRT).



3D conformal radiation therapy (3D CRT)

is a technique that allows doctors to direct radiation beams to conform to the shape of the tumor. 3-D conformal radiation delivers radiation more precisely to the cancer cells, while reducing the amount of radiation to healthy cells.



Deep inspiration breath hold (DIBH)

is a radiation therapy technique where patients take a deep breath during treatment and hold this breath while the radiation is delivered. DIBH can be useful in situations where radiation therapy is necessary in the chest region, and it is desired to avoid radiation dose to the heart.

DIBH may be used for:

- Left-sided breast cancer
- Lymphoma in the chest region
- Other tumors of the chest or upper abdomen as required.



Brachytherapy is a procedure that involves placing radioactive material inside your body. Brachytherapy is sometimes called internal radiation.



Tandem and Ovoid (T&O) brachytherapy is a procedure where a small metal tube (tandem) is placed inside the uterus or (ovoids) metal holders placed near the cervix to direct radiation treatment.



Learn more at acc-cancer.org/prior-authorization.

The Association of Community Cancer Centers (ACCC) is the leading education and advocacy organization for the cancer care community. For more information, visit acc-cancer.org.

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