

July 27, 2017

Edward Humpert, MD, MS
Associate Contractor Medical Director
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(Submitted electronically)

Re: Local Coverage Determination (LCD): Radiology: Intensity Modulated Radiation Therapy (IMRT) (L36743)

Dear Dr. Humpert:

The American Society for Radiation Oncology (ASTRO)¹ would like to provide input on Cahaba Local Coverage Determination (LCD): Radiology: Intensity Modulated Radiation Therapy (IMRT) (L36743). ASTRO publishes a distinct series of model policies to efficiently communicate correct coverage policies for radiation oncology services. We maintain updated information and inform payers of all changes to existing policies. ASTRO's IMRT Model Policy was most recently revised in 2015 and is enclosed for your review.

ASTRO is concerned that Cahaba's Utilization Guidelines greatly limit the utilization of CPT codes for correct coverage of IMRT. Statement five on page nine reads, "More than one unit or code from simulation aided field setting (77280, 77285, and 77290) group and more than one unit or code from the treatment device group (77332, 77333, and 77334) during the same IMRT episode of care will be considered redundant and may be autodenied."

Cahaba appears to confuse CPT Code 77334 Treatment Devices Complex with 77338 Multi-leaf collimator device(s) (MLC) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan. Both device codes can be utilized as part of IMRT treatment delivery, when medically necessary.

CPT 77334 refers to any of a multiple number of treatment devices including custom cast blocks, immobilization devices, wedges, compensators, and eye shields, and the code may be billed once *per device* during the entire course of treatment. **More than one type of device may be used for each patient to optimize the quality of treatment delivery.**

¹ *ASTRO members are medical professionals, who practice at hospitals and cancer treatment centers in the United States and around the globe, and make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers, and treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy and coding for radiation oncology services.*

CPT Code 77338 refers to the physician work associated with the design and fabrication of the MLC device(s) for IMRT, **which is billed once per IMRT plan**. ASTRO's IMRT Model Policy highlights the importance of MLC treatment devices in the process of care saying,

“Immobilization treatment devices are commonly employed to ensure that the beam is accurately on target. In addition, the radiation oncologist is responsible for the design of treatment devices that define the beam geometry. The beam or arc aperture, the dose constraints per beam, the couch and gantry angles for each beam position or arc start/stop location, and the coverage requirements all must be evaluated in order to guide the generation of the multi-leaf collimator (MLC) segments.”

Therefore, ASTRO urges Cahaba to edit Statement five to recognize the two distinct types of treatment devices that can be utilized in the delivery of IMRT. As it is written, the current LCD limits providers and disrupts the process of care for patients receiving IMRT.

Thank you for your consideration of our comments. Should you have any questions or wish to discuss IMRT and our recommendations further, please contact Jessica Adams, Health Policy Analyst (703) 839-7396 or via email at Jessica.adams@astro.org.

Sincerely,



Laura I Thevenot
Chief Executive Officer

Enclosed: ASTRO IMRT Model Policy