



PREFACE TO THE CLINICAL GUIDELINES

Radiation Oncology

Version 1.0

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Clinical Information Requirements

eviCore applies an evidence-based approach to evaluate the most appropriate medically necessary care for each patient. This evaluation requires submission of medical records pertinent to the treatment being requested by the provider.

If the medical records provided do not provide sufficiently detailed information to understand the patient's current clinical status, then the medical necessity for the request cannot be established and the request cannot be approved.

Specific elements of a patient's medical records commonly required to establish medical necessity include, but are not limited to:

- Recent (within 60 days) virtual or in-person clinical evaluation/consult which includes a detailed history and physical examination
 - ◆ A patient's stage of disease and/or type of tumor
- Radiation prescription and treatment plans
 - ◆ The radiation oncology treatment type and number of treatments (fractions/doses) being requested
- Imaging studies
- Pathology reports
- Reports from other providers participating in treatment of the relevant condition

Similar or Duplicate Requests

- Requests that are similar or duplicate to a treatment recently conducted will require additional patient clinical information to determine medical necessity.

Medicare Coverage Policies

- For Medicare and Medicare Advantage enrollees, the coverage policies of CMS (Centers for Medicare and Medicaid Services) take precedence over eviCore's guidelines.

Investigational and Experimental Studies

- Certain treatments may be considered investigational and experimental if there is a paucity of supporting evidence; if the evidence has not matured to exhibit improved health parameters or; the treatment lacks a collective opinion of support.

Clinical and Research Trials

- Similar to investigational and experimental studies, clinical trial requests will be considered to determine whether they meet Health Plan coverage and eviCore's evidence-based guidelines.

Legislative Mandate

- State and federal legislations may need to be considered in the review of radiation oncology requests.

Reference

1. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY_14_Definition_of-Medicare_Code_Edits_V_31_Manual.pdf.