

Radiation Therapy Review Criteria

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Signature/Date/Last Approved: Rick J. Dean, 7/21/2020

Department/Approved By: Organization Wide, CEO

Purpose:

To describe criteria utilized by Oncology Analytics, Inc. (OA) for radiation therapy prior authorization reviews.

Process:

When reviewing prior authorization requests for radiotherapy, OA starts by taking into consideration a payer's commercial coverage policies if a request involves the commercial line of business. Next, OA considers current national guidelines and consensus statements. These include the National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) that are frequently updated and widely recognized as the gold standard; American Society for Radiation Oncology (ASTRO) Clinical Practice Guidelines and Model Policies; American Radium Society Appropriate Use Criteria[®]; American Brachytherapy Society Consensus Statements; and, in the case of a Medicare patient, any applicable Centers for Medicare & Medicaid Services (CMS) national or local coverage determination.

In general, when reviewing a prior authorization request, OA considers efficacy followed by toxicity followed by cost. OA never recommends denial of a treatment request based on cost alone. OA uses a proprietary method to create a high-quality, value-based subset of treatment options in the NCCN Guidelines that are automatically approved (which OA refers to as "auto protocols"). In general, if a value-based treatment option is selected, then OA quickly recommends to the payer that the request be approved. All requests that are not value-based (which OA refers to as "non-auto protocols") are reviewed by radiation oncologists. OA updates radiation oncology protocols in its database as soon as new information becomes available. If a recommendation for adverse determination (RAD) or a denial based on a lack of medical necessity is issued, then a detailed, written explanation with references is provided, e.g., including treatment options in the NCCN Guidelines.

Clinical trials can establish the comparative effectiveness of treatments and produce the best data for decision-making. Unlike clinical trials, patient registries have no comparator group and are therefore less likely to add meaningful information to the literature. Consequently, OA believes that research involving common cancers like prostate, breast or lung cancer should emphasize clinical trials over patient registries.

Categories 1 to 2A of the NCCN Guidelines indicate that there is uniform NCCN consensus that the intervention is appropriate. Consequently, radiation oncology prior authorization requests that are consistent with Categories 1 or 2A of the NCCN Guidelines are approved. If a radiation oncology treatment request is NCCN Category 2B indicating that there is NCCN consensus that the intervention is appropriate based upon lower-level evidence, then OA determines whether it is medically necessary by reviewing the quality and consistency of evidence in the literature. In accordance with CMS, this includes determining if the treatment request is supported by an article in one of the following 26 journals:

- American Journal of Medicine
- Annals of Internal Medicine
- Annals of Oncology

- Annals of Surgical Oncology
- Biology of Blood and Marrow Transplantation
- Blood
- Bone Marrow Transplantation
- British Journal of Cancer
- British Journal of Hematology
- British Medical Journal
- Cancer
- Clinical Cancer Research
- Drugs
- European Journal of Cancer (formerly the European Journal of Cancer and Clinical Oncology)
- Gynecologic Oncology
- International Journal of Radiation, Oncology, Biology, and Physics
- The Journal of the American Medical Association
- Journal of Clinical Oncology
- Journal of the National Cancer Institute
- Journal of the National Comprehensive Cancer Network (NCCN)
- Journal of Urology
- Lancet
- Lancet Oncology
- Leukemia
- The New England Journal of Medicine
- Radiation Oncology

If a treatment request is NCCN Category 3 indicating that there is major NCCN disagreement that the intervention is appropriate, then OA considers it medically unnecessary. OA subscribes to the NCCN Flash Updates™ to ensure that it is following current guidelines.

If there isn't an NCCN category for a treatment request, then OA considers the quality and consistency of evidence in the literature excluding meeting abstracts and case reports (e.g., whether a more effective treatment option may be available). Also, OA takes into consideration whether recommendations may have a financial bias, standards of practice and any applicable Medicare local coverage determination for the Medicare line of business when determining medical necessity.

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