Physician's Medical Necessity Certification: IMRT Brain

GOOD SAMARITAN HOSPITAL MEDICAL CENTER
A Member of Catholic Health Services
A MAGNET™ DESIGNATED HOSPITAL

Patient Label

DRAFT

Medical Necessity
In order to charge for Intensity-Modulated Radiation Therapy (IMRT) services, the procedure must be medically necessary and reasonable. Medical necessity must be established and documented in the medical record when the physician determines that a patient requires IMRT for safe and effective treatments.

CMS Restrictions
The Centers for Medicare & Medicaid Services (CMS) has defined that IMRT must be medically necessary, or standard isodose planning codes and treatment delivery codes should be applied. If any, or a combination of the factors listed below are required for the safe and effective treatment of a patient, then the use of IMRT is justified and should be reported utilizing the CPT® codes 77418 for IMRT treatment, 0037T for compensator based IMRT treatment, and 77301 for IMRT planning. This organization is aware that CPT® code 77301 is an inclusive planning code and knows that codes 77295, 77305-77321 may not be reported separately for the same volume, although those codes may be reported for an initial volume if IMRT planning is used only for the boost. Simulation procedures may be reported in addition to 77301, if performed on a different day, for the initial volume only. Subsequent reductions do not require simulation.

When IMRT is Appropriate
Medical necessity and medically appropriate applies if it is necessary to obtain highly conformal dose distributions needed to irradiate complex targets positioned near or invaginated by sensitive normal tissues.

Medical Record Documentation
For 77418-Permanent records of daily treatment delivery for each field, including the date, treatment unit settings and dose delivered; verification images and MLC sequence for each field; and evidence of physician review for each treatment course. An average of at least five segments per gantry angle must be used to justify this code.

For 77301-A permanent record of computer-generated inverse treatment plans, including 3-D tumor and critical structure volumes, inverse planning dosimetric or biological objectives, dose-volume histograms and dose verification; and evidence of physician review.

Software/Technology Requirements
IMRT uses non-uniform and customized fluence distributions in treatment delivery. Delivery of IMRT requires use of a multi-leaf collimator (MLC) with leaves that project to a nominal 1cm or less at the treatment unit isocenter. The MLC may be in a dynamic (DMLC) or segmented mode (SMLC) (Mean segments per sentry position or 'steps' required to meet IMRT delivery is 5) to create the three-dimensional, intensity-modulated dose distribution. Immobilization must be considered. Phantom irradiation on calibrated film to sample the dose distribution or an equivalent system to verify that the dose delivered is the dose planned. All dosimetry is verified by using an ionization chamber.

Patient Label

Justification of IMRT

This patient requires IMRT to the brain because:

☐ The volume of interest under consideration, is irregular and in close proximity to normal structures that must be protected. A standard isodose plan would only provide dose information at the central axis and would not demonstrate the doses to the superior and inferior aspects of this volume. This volume includes sensitive structures and dose restrictions have been indicated in the written directive. Dose volume histograms will be performed to evaluate tumor coverage and doses to be normal surrounding critical structures. They include the following:

- ☐ optic chiasm
- ☐ optic nerve
- ☐ brain stem
- ☐ inner ears
- ☐ eyes
- ☐ eye lenses
- ☐ _____

☐ The volume of interest is . The volume at the superior border, inferior border, and central axis vary by more than %. After completing and comparing a 3DCRT with an IMRT plan, the IMRT clearly demonstrates an improved isodose distribution by percent.

☐ Literature indicates that IMRT, in cases such as this one based on the patient's anatomy, will decrease the probability of grade 2 or 3 radiation toxicity when compared to 3D in greater than 15% of similar cases.

The clinical benefits include the decreased risk of developing moist desquamation (from % to %), improved cosmesis, and less scattered dose to , which reduces the overall risk of developing a second malignancy.

☐ Detailed documentation by the physician is available in the medical record documenting the need for this procedure.

Comments:

I certify that the information contained herein is, to the best of my knowledge, complete and accurate and supported in the medical record of the patient. The information being utilized on this form is being gathered to assist in seeking reimbursement from third party payors, such as the Medicare Program. I understand that any intentional misrepresentation or falsification of essential information, which leads to inappropriate payments, may be subject to investigations under applicable federal and/or State laws.

Physician Name		Physician Phone Number 631-376-4047	
Organization Name Good Samaritan Hospital Medical Center		Department Name Radiation Oncology	
Physician Street Address 1 1000 Montauk Highway	City West Islip	State NY	Zip Code 11795

Physician Certificate is good 60 days from date of physician's signature

Physician: _____ ID#: _____ Date: ___/___/___ Time: _____

Physician's Medical Necessity Certification: Breast IMRT

GOOD SAMARITAN HOSPITAL MEDICAL CENTER
A Member of Catholic Health Services
A MAGNET™ DESIGNATED HOSPITAL

Patient Label	DRAFT

Medical Necessity
In order to charge for Intensity-Modulated Radiation Therapy (IMRT) services, the procedure must be medically necessary and reasonable. Medical necessity must be established and documented in the medical record when the physician determines that a patient requires IMRT for safe and effective treatments.

CMS Restrictions
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When IMRT is Appropriate
Medical necessity and medically appropriate applies if it is necessary to obtain highly conformal dose distributions needed to irradiate complex targets positioned near or invaginated by sensitive normal tissues.

Medical Record Documentation
For 77418-Permanent records of daily treatment delivery for each field, including the date, treatment unit settings and dose delivered; verification images and MLC sequence for each field; and evidence of physician review for each treatment course. An average of at least five segments per gantry angle must be used to justify this code.

For 77301-A permanent record of computer-generated inverse treatment plans, including 3-D tumor and critical structure volumes, inverse planning dosimetric or biological objectives, dose-volume histograms and dose verification; and evidence of physician review.

Software/Technology Requirements
IMRT uses non-uniform and customized fluence distributions in treatment delivery. Delivery of IMRT requires use of a multi-leaf collimator (MLC) with leaves that project to a nominal 1cm or less at the treatment unit isocenter. The MLC may be in a dynamic (DMLC) or segmented mode (SMLC) (Mean segments per sentry position or 'steps' required to meet IMRT delivery is 5) to create the three-dimensional, intensity-modulated dose distribution. Immobilization must be considered. Phantom irradiation on calibrated film to sample the dose distribution or an equivalent system to verify that the dose delivered is the dose planned. All dosimetry is verified by using an ionization chamber.

Patient Label

Justification of IMRT

History of Present Illness:

This patient requires IMRT to the Left Breast because:

☐ The LEFT BREAST, which it the volume of interest under consideration, is irregular and in close proximity to normal structures that must be protected. A standard isodose plan would only provide dose information at the central axis and would not demonstrate the doses to the superior and inferior aspects of this volume. This volume includes sensitive structures and dose restrictions have been indicated in the written directive. Dose volume histograms will be performed to evaluate tumor coverage and doses to be normal surrounding critical structures. They include the following:

☐ spinal cord	☐ brachial plexus
☐ lung	☐ contralateral breast
☐ chest wall	☐ esophagus
☐ heart	☐ axillae (if treated)

☐ The volume of interest is . After completing and comparing a 3DCRT with an IMRT plan, the IMRT clearly demonstrates an improved isodose distribution. The IMRT plan demonstrates an improved dose distribution with decreased dose to adjacent normal tissue structures.

Literature indicates that IMRT, in cases such as this one based on the patient's anatomy, will decrease the probability of grade 2 or 3 radiation toxicity when compared to 3D in greater than 15% of similar cases.

The clinical benefits include the decreased risk of developing moist desquamation (from 48% to 31%), improved cosmesis, and less scattered dose to the contralateral breast and ipsilateral lung, which reduces the overall risk of developing a second malignancy.

☐ Detailed documentation by the physician is available in the medical record documenting the need for this procedure.

Comments:

I certify that the information contained herein is, to the best of my knowledge, complete and accurate and supported in the medical record of the patient. The information being utilized on this form is being gathered to assist in seeking reimbursement from third party payors, such as the Medicare Program. I understand that any intentional misrepresentation or falsification of essential information, which leads to inappropriate payments, may be subject to investigations under applicable federal and/or State laws.

Physician Name <Primary Care Physician - Name (Default)>		Physician Phone Number	
Organization Name		Department Name Radiation Oncology	
Physician Street Address 1	City	State	Zip Code

Physician Certificate is good 60 days from date of physician's signature

Physician: _____ ID#: _____ Date: ___/___/___ Time: _____

Physician's Medical Necessity Certification: IMRT Lung (ORIGINAL)

GOOD SAMARITAN HOSPITAL MEDICAL CENTER
A Member of Catholic Health Services
A MAGNET® DESIGNATED HOSPITAL

Patient Label

DRAFT

Medical Necessity
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When IMRT is Appropriate
Medical necessity and medically appropriate applies if it is necessary to obtain highly conformal dose distributions needed to irradiate complex targets positioned near or invaginated by sensitive normal tissues.

Medical Record Documentation
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For 77301-A permanent record of computer-generated inverse treatment plans, including 3-D tumor and critical structure volumes, inverse planning dosimetric or biological objectives, dose-volume histograms and dose verification; and evidence of physician review.

Software/Technology Requirements
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Patient Label

Justification of IMRT

This patient requires IMRT to the Lung because:

☐ The volume of interest under consideration, is irregular and in close proximity to normal structures that must be protected. A standard isodose plan would only provide dose information at the central axis and would not demonstrate the doses to the superior and inferior aspects of this volume. This volume includes sensitive structures and dose restrictions have been indicated in the written directive. Dose volume histograms will be performed to evaluate tumor coverage and doses to be normal surrounding critical structures. They include the following:

- ☐ spinal cord
- ☐ lung
- ☐ heart
- ☐ esophagus
- ☐ liver
- ☐ kidney
- ☐ brachial plexus
- Other: _____

☐ The volume of interest is . The volume at the superior border, inferior border, and central axis vary by more than %. After completing and comparing a 3DCRT with an IMRT plan, the IMRT clearly demonstrates an improved isodose distribution by percent.

☐ Literature indicates that IMRT, in cases such as this one based on the patient's anatomy, will decrease the probability of grade 2 or 3 radiation toxicity when compared to 3D in greater than 15% of similar cases.

The clinical benefits include the decreased risk of developing moist desquamation (from % to %), improved cosmesis, and less scattered dose to , which reduces the overall risk of developing a second malignancy.

☐ Detailed documentation by the physician is available in the medical record documenting the need for this procedure.

☐ Organ Motion: ☐ Minimal, does not require gating or chest compressor
☐ Significant, requires gating or chest compressor

Comments:

I certify that the information contained herein is, to the best of my knowledge, complete and accurate and supported in the medical record of the patient. The information being utilized on this form is being gathered to assist in seeking reimbursement from third party payors, such as the Medicare Program. I understand that any intentional misrepresentation or falsification of essential information, which leads to inappropriate payments, may be subject to investigations under applicable federal and/or State laws.

Physician Name		Physician Phone Number 631-376-4047	
Organization Name Good Samaritan Hospital Medical Center		Department Name Radiation Oncology	
Physician Street Address 1 1000 Montauk Highway	City West Islip	State NY	Zip Code 11795

Physician Certificate is good 60 days from date of physician's signature

Physician: _____ ID#: _____ Date: ___/___/___ Time: _____

Physician's Medical Necessity Certification: IMRT Lung

GOOD SAMARITAN HOSPITAL MEDICAL CENTER
A Member of Catholic Health Services
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Patient Label

DRAFT

Medical Necessity
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Medical necessity and medically appropriate applies if it is necessary to obtain highly conformal dose distributions needed to irradiate complex targets positioned near or invaginated by sensitive normal tissues.

Medical Record Documentation
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Software/Technology Requirements
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Patient Label

Justification of IMRT

This patient requires IMRT to the Lung because:

☐ The volume of interest under consideration, is irregular and in close proximity to normal structures that must be protected. A standard isodose plan would only provide dose information at the central axis and would not demonstrate the doses to the superior and inferior aspects of this volume. This volume includes sensitive structures and dose restrictions have been indicated in the written directive. Dose volume histograms will be performed to evaluate tumor coverage and doses to be normal surrounding critical structures. They include the following:

- ☐ spinal cord
- ☐ lung
- ☐ heart
- ☐ esophagus
- ☐ liver
- ☐ kidney
- ☐ brachial plexus
- Other: _____

☐ The volume of interest is . The volume at the superior border, inferior border, and central axis vary by more than %. After completing and comparing a 3DCRT with an IMRT plan, the IMRT clearly demonstrates an improved isodose distribution by percent.

☐ Literature indicates that IMRT, in cases such as this one based on the patient's anatomy, will decrease the probability of grade 2 or 3 radiation toxicity when compared to 3D in greater than 15% of similar cases.

The clinical benefits include the decreased risk of developing moist desquamation (from % to %), improved cosmesis, and less scattered dose to , which reduces the overall risk of developing a second malignancy.

☐ Detailed documentation by the physician is available in the medical record documenting the need for this procedure.

Organ motion: ☐ Minimal, does not require gating or chest compressor.
☐ Significant, requires Gating or chest compressor.

Comments:

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Physician Name		Physician Phone Number 631-376-4047	
Organization Name Good Samaritan Hospital Medical Center		Department Name Radiation Oncology	
Physician Street Address 1 1000 Montauk Highway	City West Islip	State NY	Zip Code 11795

Physician Certificate is good 60 days from date of physician's signature

Physician: _____ ID#: _____ Date: ___/___/___ Time: _____

Physician's Medical Necessity Certification: IMRT Head & Neck

GOOD SAMARITAN HOSPITAL MEDICAL CENTER
A Member of Catholic Health Services
A MAGNET® DESIGNATED HOSPITAL

Patient Label

DRAFT

Medical Necessity
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CMS Restrictions
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When IMRT is Appropriate
Medical necessity and medically appropriate applies if it is necessary to obtain highly conformal dose distributions needed to irradiate complex targets positioned near or invaginated by sensitive normal tissues.

Medical Record Documentation
For 77418-Permanent records of daily treatment delivery for each field, including the date, treatment unit settings and dose delivered; verification images and MLC sequence for each field; and evidence of physician review for each treatment course. An average of at least five segments per gantry angle must be used to justify this code.

For 77301-A permanent record of computer-generated inverse treatment plans, including 3-D tumor and critical structure volumes, inverse planning dosimetric or biological objectives, dose-volume histograms and dose verification; and evidence of physician review.

Software/Technology Requirements
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Patient Label

Justification of IMRT

This patient requires IMRT to the head and neck because:

☐ The volume of interest under consideration, is irregular and in close proximity to normal structures that must be protected. A standard isodose plan would only provide dose information at the central axis and would not demonstrate the doses to the superior and inferior aspects of this volume. This volume includes sensitive structures and dose restrictions have been indicated in the written directive. Dose volume histograms will be performed to evaluate tumor coverage and doses to be normal surrounding critical structures. They include the following:

☐ spinal cord	☐ pharyngeal constrictors
☐ parotid	☐ sinus _____
☐ salivary gland	☐ nerve _____
☐ mandible	☐ skin
☐ optic apparatus	☐ Other: _____

☐ The volume of interest is . The volume at the superior border, inferior border, and central axis vary by more than %. After completing and comparing a 3DCRT with an IMRT plan, the IMRT clearly demonstrates an improved isodose distribution by percent.

☐ The literature indicates that IMRT, in cases such as this one based on the patient's anatomy, will decrease the probability of grade 2 or 3 radiation toxicity when compared to 3D in greater than 15% of similar cases.

The clinical benefits include the decreased risk of developing moist desquamation (from % to %), improved cosmesis, and less scattered dose to , which reduces the overall risk of developing a second malignancy.

☐ Detailed documentation by the physician is available in the medical record documenting the need for this procedure.

Comments:

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Physician Name <Primary Care Physician - Name (Default)>		Physician Phone Number	
Organization Name		Department Name Radiation Oncology	
Physician Street Address 1	City	State	Zip Code

Physician Certificate is good 60 days from date of physician's signature

Physician: _____ ID#: _____ Date: ___/___/___ Time: _____

Physician's Medical Necessity Certification: IMRT for Esophagus

GOOD SAMARITAN HOSPITAL MEDICAL CENTER
A Member of Catholic Health Services
A MAGNET® DESIGNATED HOSPITAL

Patient Label

DRAFT

Medical Necessity
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When IMRT is Appropriate
Medical necessity and medically appropriate applies if it is necessary to obtain highly conformal dose distributions needed to irradiate complex targets positioned near or invaginated by sensitive normal tissues.

Medical Record Documentation
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Software/Technology Requirements
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Patient Label

Justification of IMRT

This patient requires IMRT to the esophagus because:

☐ The volume of interest under consideration, is irregular and in close proximity to normal structures that must be protected. A standard isodose plan would only provide dose information at the central axis and would not demonstrate the doses to the superior and inferior aspects of this volume. This volume includes sensitive structures and dose restrictions have been indicated in the written directive. Dose volume histograms will be performed to evaluate tumor coverage and doses to be normal surrounding critical structures. They include the following:

☐ spinal cord	☐ kidneys
☐ liver	☐ stomach
☐ small bowel	☐ duodenum
☐ large bowel	☐ _____

☐ The volume of interest is . The volume at the superior border, inferior border, and central axis vary by more than %. After completing and comparing a 3DCRT with an IMRT plan, the IMRT clearly demonstrates an improved isodose distribution by percent.

☐ Literature indicates that IMRT, in cases such as this one based on the patient's anatomy, will decrease the probability of grade 2 or 3 radiation toxicity when compared to 3D in greater than 15% of similar cases.

The clinical benefits include the decreased risk of developing moist desquamation (from % to %), improved cosmesis, and less scattered dose to , which reduces the overall risk of developing a second malignancy.

☐ Detailed documentation by the physician is available in the medical record documenting the need for this procedure.

Comments:

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Physician Name		Physician Phone Number 631-376-4047	
Organization Name Good Samaritan Hospital Medical Center		Department Name Radiation Oncology	
Physician Street Address 1 1000 Montauk Highway	City West Islip	State NY	Zip Code 11795

Physician Certificate is good 60 days from date of physician's signature

Physician: _____ ID#: _____ Date: ___/___/___ Time: _____

Physician's Medical Necessity Certification: IMRT for Abdomen

GOOD SAMARITAN HOSPITAL MEDICAL CENTER
A Member of Catholic Health Services
A MAGNET® DESIGNATED HOSPITAL

Patient Label

DRAFT

Medical Necessity

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When IMRT is Appropriate

Medical necessity and medically appropriate applies if it is necessary to obtain highly conformal dose distributions needed to irradiate complex targets positioned near or invaginated by sensitive normal tissues.

Medical Record Documentation

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Software/Technology Requirements

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Patient Label

Justification of IMRT

This patient requires IMRT to the abdomen because:

☐ The volume of interest under consideration is irregular and in close proximity to normal structures that must be protected. A standard isodose plan would only provide dose information at the central axis and would not demonstrate the doses to the superior and inferior aspects of this volume. This volume includes sensitive structures and dose restrictions that have been indicated in the written directive. Dose volume histograms will be performed to evaluate tumor coverage and doses to be normal surrounding critical structures. They include the following:

☐ spinal cord	☐ large bowel	☐ right kidney
☐ liver	☐ duodenum	☐ left kidney
☐ small bowel	☐ stomach	☐ _____

☐ The volume of interest is . The volume at the superior border, inferior border, and central axis vary by more than %. After completing and comparing a 3DCRT with an IMRT plan, the IMRT clearly demonstrates an improved isodose distribution by percent.

☐ Literature indicates that IMRT, in cases such as this one based on the patient's anatomy, will decrease the probability of grade 2 or 3 radiation toxicity when compared to 3D in greater than 15% of similar cases.

The clinical benefits include the decreased risk of developing moist desquamation (from % to %), improved cosmesis, and less scattered dose to , which reduces the overall risk of developing a second malignancy.

☐ Detailed documentation by the physician is available in the medical record documenting the need for this procedure.

☐ Organ Motion: ☐ Minimal, does not require gating or chest compressor
☐ Significant, requires gating or chest compressor

Comments:

I certify that the information contained herein is, to the best of my knowledge, complete and accurate and supported in the medical record of the patient. The information being utilized on this form is being gathered to assist in seeking reimbursement from third party payors, such as the Medicare Program. I understand that any intentional misrepresentation or falsification of essential information, which leads to inappropriate payments, may be subject to investigations under applicable federal and/or State laws.

Physician Name		Physician Phone Number 631-376-4047	
Organization Name Good Samaritan Hospital Medical Center		Department Name Radiation Oncology	
Physician Street Address 1 1000 Montauk Highway	City West Islip	State NY	Zip Code 11795

Physician Certificate is good 60 days from date of physician's signature

Physician: _____ ID#: _____ Date: ___/___/___ Time: _____

Physician's Medical Necessity Certification: IMRT Female Pelvis

GOOD SAMARITAN HOSPITAL MEDICAL CENTER
A Member of Catholic Health Services
A MAGNET® DESIGNATED HOSPITAL

Patient Label	DRAFT

Medical Necessity
In order to charge for Intensity-Modulated Radiation Therapy (IMRT) services, the procedure must be medically necessary and reasonable. Medical necessity must be established and documented in the medical record when the physician determines that a patient requires IMRT for safe and effective treatments.

CMS Restrictions
The Centers for Medicare & Medicaid Services (CMS) has defined that IMRT must be medically necessary, or standard isodose planning codes and treatment delivery codes should be applied. If any, or a combination of the factors listed below are required for the safe and effective treatment of a patient, then the use of IMRT is justified and should be reported utilizing the CPT® codes 77418 for IMRT treatment, 0037T for compensator based IMRT treatment, and 77301 for IMRT planning. This organization is aware that CPT® code 77301 is an inclusive planning code and knows that codes 77295, 77305-77321 may not be reported separately for the same volume, although those codes may be reported for an initial volume if IMRT planning is used only for the boost. Simulation procedures may be reported in addition to 77301, if performed on a different day, for the initial volume only. Subsequent reductions do not require simulation.

When IMRT is Appropriate
Medical necessity and medically appropriate applies if it is necessary to obtain highly conformal dose distributions needed to irradiate complex targets positioned near or invaginated by sensitive normal tissues.

Medical Record Documentation
For 77418-Permanent records of daily treatment delivery for each field, including the date, treatment unit settings and dose delivered; verification images and MLC sequence for each field; and evidence of physician review for each treatment course. An average of at least five segments per gantry angle must be used to justify this code.

For 77301-A permanent record of computer-generated inverse treatment plans, including 3-D tumor and critical structure volumes, inverse planning dosimetric or biological objectives, dose-volume histograms and dose verification; and evidence of physician review.

Software/Technology Requirements
IMRT uses non-uniform and customized fluence distributions in treatment delivery. Delivery of IMRT requires use of a multi-leaf collimator (MLC) with leaves that project to a nominal 1cm or less at the treatment unit isocenter. The MLC may be in a dynamic (DMLC) or segmented mode (SMLC) (Mean segments per sentry position or 'steps' required to meet IMRT delivery is 5) to create the three-dimensional, intensity-modulated dose distribution. Immobilization must be considered. Phantom irradiation on calibrated film to sample the dose distribution or an equivalent system to verify that the dose delivered is the dose planned. All dosimetry is verified by using an ionization chamber.

Patient Label

Justification of IMRT

This patient requires IMRT to the female pelvis because:

☐ The volume of interest under consideration, is irregular and in close proximity to normal structures that must be protected. A standard isodose plan would only provide dose information at the central axis and would not demonstrate the doses to the superior and inferior aspects of this volume. This volume includes sensitive structures and dose restrictions have been indicated in the written directive. Dose volume histograms will be performed to evaluate tumor coverage and doses to be normal surrounding critical structures. They include the following:

☐ rectum	☐ femoral heads
☐ bladder	☐ pubic bone
☐ small bowel	☐ bone marrow
☐ large bowel	☐ female genitalia _____

☐ The volume of interest is . The volume at the superior border, inferior border, and central axis vary by more than %. After completing and comparing a 3DCRT with an IMRT plan, the IMRT clearly demonstrates an improved isodose distribution by percent.

☐ Literature indicates that IMRT, in cases such as this one based on the patient's anatomy, will decrease the probability of grade 2 or 3 radiation toxicity when compared to 3D in greater than 15% of similar cases.

The clinical benefits include the decreased risk of developing moist desquamation (from % to %), improved cosmesis, and less scattered dose to , which reduces the overall risk of developing a second malignancy.

☐ Detailed documentation by the physician is available in the medical record documenting the need for this procedure.

Comments:

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