Physician's Medical Necessity Certification: IMRT Brain



	Patient Label	DRAFT	
_			
		Carlotte Contract Con	

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			
Justific	cation of IMRT			
This pa	atient requires IMRT to the brain b	ecause:		
	The volume of interest under consideration, is irregular and in close proximity to normal structures the must be protected. A standard isodose plan would only provide dose information at the central axis an 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:			ormation at the central axis and sof this volume in the written directive. Dose
	optic chiasm optic nerve brain stem inner ears	eyes eye lenses		
		ompleting and comparir		ior border, and central axis vary an IMRT plan, the IMRT clearly
	Literature indicates that IMRT, in probability of grade 2 or 3 radiat			-
	The clinical benefits include th %), improved cosmesis, developing a second malignancy	and less scattered dos		esquamation (from % to ch reduces the overall risk of
	Detailed documentation by the procedure.	ohysician is available in t	he medical record	d documenting the need for this
Comm	ents:			
suppor assist i intenti	fy that the information contained ted in the medical record of the in seeking reimbursement from the onal misrepresentation or falsifical subject to investigations under a	patient. The information nird party payors, such a nation of essential inform	n being utilized on as the Medicare P mation, which lea	n this form is being gathered to Program. I understand that any
Physici	an Name		Physician Pho 631-376-404	
_	zation Name Samaritan Hospital Medical Center		Department Radiation On	
Physician Street Address 1		City	State	Zip Code
TOOO I/	Montauk Highway Physician Certificat	West Islip e is good 60 days from a	NY late of physician's	11795 s signature
	,		, p , s	
Physic	ian:	ID#:	Date:	Time:

Physician's Medical Necessity Certification: Breast IMRT



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.

Physic	ian:	ID#:	Date:	// Time:
	Physician Cert	ificate is good 60 days fro	m aate oj physician's s	signature
1 119310				·
	ian Street Address 1	City	Radiation Onc	
	ization Name		Department N	ame
•	ian Name ary Care Physician - Name (De	efault)>	Filysiciali Piloi	IE NUMBEI
	ian Name	,,	Physician Phor	na Number
assist intent	in seeking reimbursement fr	om third party payors, su alsification of essential in	ch as the Medicare Proformation, which lead	ogram. I understand that and its to inappropriate payments
				e, complete and accurate and this form is being gathered to
Comm	ents:			
	Detailed documentation by procedure.	the physician is available	in the medical record	documenting the need for thi
		ss scattered dose to the co		uamation (from 48% to 31%) ipsilateral lung, which reduce
				nt's anatomy, will decrease the r than 15% of similar cases.
	The volume of interest is clearly demonstrates an in distribution with decreased	nproved isodose distributi	on. The IMRT plan de	Fwith an IMRT plan, the IMR monstrates an improved dose
	spinal cord lung chest wall heart	esophag	teral breast	
	to normal structures that information at the central of this volume. This volum	t must be protected. A axis and would not demor e includes sensitive struct ume histograms will be pe	standard isodose plastrate the doses to the ures and dose restriction formed to evaluate to	rregular and in close proximit an would only provide dose e superior and inferior aspect ons have been indicated in the Imor coverage and doses to be
This p	atient requires IMRT to the Lo	eft Breast because:		
-	ication of IMRT y of Present Illness:			
		MITTO BETT BUT TO SOME THE SAME		18 orani e nga mengangan mengangan kepandah sakabapan pengangganggan penganggan bahasa mengan bahasa mengangga
	• Patient Label			

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



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 L	ung because:		
The volume of interest under consideration, is irregular and in close proximity to normal structures must be protected. A standard isodose plan would only provide dose information at the central axis would not demonstrate the doses to the superior and inferior aspects of this volume. This vol includes sensitive structures and dose restrictions have been indicated in the written directive. It volume histograms will be performed to evaluate tumor coverage and doses to be normal surroun critical structures. They include the following:			
spinal cord lung heart esophagus	☐ liver ☐ kidney ☐ brachial p Other:		
The volume of interest is by more than %. At demonstrates an improved	ter completing and compa		border, and central axis vary IMRT plan, the IMRT clearly
Literature indicates that IM probability of grade 2 or 3 i			s anatomy, will decrease the han 15% of similar cases.
The clinical benefits include %), improved cosmodeveloping a second maligr	esis, and less scattered o		uamation (from % to reduces the overall risk of
Detailed documentation by procedure.	the physician is available	n the medical record do	cumenting the need for this
	l, does not require gating cant, requires gating or ches		
Comments:			
I certify that the information consupported in the medical record of assist in seeking reimbursement frintentional misrepresentation or fray be subject to investigations un	the patient. The informa om third party payors, suc alsification of essential inf	tion being utilized on th h as the Medicare Prog ormation, which leads	is form is being gathered to ram. I understand that any
Physician Name		Physician Phone 631-376-4047	Number
Organization Name Good Samaritan Hospital Medical C	enter	Department Nar Radiation Oncolo	
Physician Street Address 1	City	State	Zip Code
1000 Montauk Highway	West Islip	NY	11795
Physician Cert	ificate is good 60 days froi	n date of physician's sig	nature

Physician's Medical Necessity Certification: IMRT Lung



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				
Justifi	cation of IMRT				
This pa	atient requires IMRT to the Lu	ung because:			
	The volume of interest under consideration, is irregular and in close proximity to normal structures to must be protected. A standard isodose plan would only provide dose information at the central axis would not demonstrate the doses to the superior and inferior aspects of this volume. This voluincludes sensitive structures and dose restrictions have been indicated in the written directive. Do volume histograms will be performed to evaluate tumor coverage and doses to be normal surround critical structures. They include the following:				ormation at the central axis and sof this volume. This volume in the written directive. Dose
	spinal cord lung heart esophagus		☐ liver☐ kidney☐ brachial plexu Other:		
	The volume of interest is by more than %. Af demonstrates an improved	ter completii	ng and comparin		rior border, and central axis vary an IMRT plan, the IMRT clearly
				· · · · · · · · · · · · · · · · · · ·	ent's anatomy, will decrease the ter than 15% of similar cases.
	The clinical benefits include %), improved cosmodeveloping a second malign	esis, and less			esquamation (from % to ch reduces the overall risk o
	Detailed documentation by procedure.	the physicia	n is available in th	ne medical recor	d documenting the need for this
Organ	motion: Minimal, does n		ting or chest com		
Comm	ents:				
suppor assist i intentic	ted in the medical record of n seeking reimbursement fro	the patient. om third part alsification of	The information ty payors, such a f essential inform	being utilized of the Medicare F nation, which lea	ge, complete and accurate and n this form is being gathered to Program. I understand that any ads to inappropriate payments
Physici	an Name			Physician Ph 631-376-404	
_	zation Name			Department	
	iamaritan Hospital Medical C an Street Address 1	enter	City	Radiation Or State	Zip Code
•	Iontauk Highway		West Islip	NY	11795
		ificate is goo	d 60 days from de	i	
Dhysici	an:	ı	D#·	Date:	/ / Time:

Physician's Medical Necessity Certification: IMRT Head & Neck



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

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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

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			
	stification of IMRT his patient requires IMRT to the he	ad and neck because:		
	must be protected. A stand would not demonstrate th includes sensitive structure	ard isodose plan would online doses to the superior are and dose restrictions have performed to evaluate tum	y provide dose information of the inferior aspects we been indicated in	mity to normal structures that rmation at the central axis and of this volume. This volume In the written directive. Dose uses to be normal surrounding
	spinal cord	pharyngeal	constrictors	
	parotid	sinus		
	salivary gland	nerve		
	mandible	skin		
	optic apparatus	Other:		
	The volume of interest is by more than %. Aft demonstrates an improved i	er completing and compari		or border, and central axis vary n IMRT plan, the IMRT clearly
	_		· · · · · · · · · · · · · · · · · · ·	atient's anatomy, will decrease in greater than 15% of similar
	The clinical benefits includ %), improved cosme developing a second maligna	sis, and less scattered do:		squamation (from % to h reduces the overall risk of
	Detailed documentation by procedure.	the physician is available in	the medical record	documenting the need for this
Co	omments:			
su as: int	certify that the information cont pported in the medical record of sist in seeking reimbursement fro tentional misrepresentation or fa ay be subject to investigations und	the patient. The information third party payors, such lsification of essential info	on being utilized on as the Medicare Pr rmation, which lead	this form is being gathered to ogram. I understand that any
Ph	ysician Name		Physician Pho	ne Number
	rimary Care Physician - Name (De	fault)>	Damantin	lama.
Or	ganization Name		Department N Radiation Onc	
Ph	ysician Street Address 1	City	State	Zip Code
	Physician Certi	ficate is good 60 days from	date of physician's	signature
Dh	vsician:	ID#·	Date:	/ / Time

Physician's Medical Necessity Certification: IMRT for Esophagus



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

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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			
	stification of IMRT is patient requires IMRT to the esc	unhagus because.		
	The volume of interest under must be protected. A stand would not demonstrate the includes sensitive structures	er consideration, is irregula ard isodose plan would on e doses to the superior a s and dose restrictions ha performed to evaluate tun	ly provide dose in nd inferior aspec ve been indicated	eximity to normal structures that formation at the central axis and ts of this volume. This volumed in the written directive. Dose doses to be normal surrounding
	spinal cord liver small bowel large bowel	☐ kidneys ☐ stomach ☐ duodenum	1	
	The volume of interest is by more than %. Afte demonstrates an improved in	r completing and compar		rior border, and central axis vary an IMRT plan, the IMRT clearly
	_		•	ient's anatomy, will decrease the ater than 15% of similar cases.
	The clinical benefits include %), improved cosmes developing a second maligna	is, and less scattered do	• •	desquamation (from % to ich reduces the overall risk of
	Detailed documentation by to procedure.	he physician is available in	the medical reco	rd documenting the need for this
Co	mments:			
su ass int	ertify that the information conta pported in the medical record of t sist in seeking reimbursement fro tentional misrepresentation or fal ay be subject to investigations und	the patient. The informating third party payors, such sification of essential info	on being utilized of as the Medicare rmation, which le	on this form is being gathered to Program. I understand that any
Ph	ysician Name		Physician Ph 631-376-40	none Number 47
	ganization Name ood Samaritan Hospital Medical Ce	nter	Department Radiation O	
Ph	ysician Street Address 1	City	State	Zip Code
10	00 Montauk Highway	West Islip icate is good 60 days from	NY date of physician	's signature
	r nysiciun Ceruj	icace is good oo days jidhi	auce of physician	o orginacare
Ph	ysician:	ID#:	Date:	/ Time:

Physician's Medical Necessity Certification: IMRT for Abdomen



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

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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

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						
	ification of IMRT patient requires IMRT to the abd	omen because:					
	The volume of interest under consideration is irregular and in close proximity to normal structure must be protected. A standard isodose plan would only provide dose information at the central as would not demonstrate the doses to the superior and inferior aspects of this volume. This volumes sensitive structures and dose restrictions that have been indicated in the written directive volume histograms will be performed to evaluate tumor coverage and doses to be normal surrouncitical structures. They include the following:						
	spinal cord	large bowel	right kidne	e y			
	☐ liver	duodenum	left kidney				
	small bowel	stomach					
	The volume of interest is . The volume at the superior border, inferior border, and central axis variety 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 probability of grade 2 or 3 rad	· · · · · · · · · · · · · · · · · · ·					
	The clinical benefits include %), improved cosmesis developing a second malignar	s, and less scattered dos		amation (from % to educes the overall risk of			
	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					
Com	ments:						
supp assis inter	tify that the information contain ported in the medical record of the tin seeking reimbursement from the ntional misrepresentation or fals be subject to investigations unde	ne patient. The information third party payors, such a sification of essential infor	n being utilized on this as the Medicare Progra mation, which leads to	s form is being gathered to am. I understand that any			
Physician Name			Physician Phone Number 631-376-4047				
_	nization Name		Department Name				
	d Samaritan Hospital Medical Cen sician Street Address 1	City	Radiation Oncolog State	Zip Code			
) Montauk Highway	West Islip	NY	11795			
		cate is good 60 days from o	date of physician's sign	ature			
Phys	sician:	ID#:	Date: /	/ Time:			

Physician's Medical Necessity Certification: IMRT Female Pelvis



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						
-	fication of IMRT patient requires IMRT to the fer	nale pelvis because:					
	must be protected. A stand would not demonstrate the includes sensitive structure volume histograms will be	e volume of interest under consideration, is irregular and in close proximity to normal structures that ust be protected. A standard isodose plan would only provide dose information at the central axis and ould not demonstrate the doses to the superior and inferior aspects of this volume. This volume cludes sensitive structures and dose restrictions have been indicated in the written directive. Dose lume histograms will be performed to evaluate tumor coverage and doses to be normal surrounding tical structures. They include the following:					
	rectum rectum	femoral hea	ds				
	bladder	pubic bone					
	small bowel	bone marro	w				
	large bowel	female geni	talia	_			
	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.						
	anatomy, will decrease the an 15% of similar cases.						
		e the decreased risk of de sis, and less scattered dos ancy.	· -	amation (from % to educes the overall risk of			
	Detailed documentation by the physician is available in the medical record documenting the need for this procedure.						
Comr	ments:						
suppo assist	cify that the information cont prted in the medical record of tin seeking reimbursement fro	the patient. The information third party payors, such a	n being utilized on this as the Medicare Progra	form is being gathered to am. I understand that any			
	tional misrepresentation or fa be subject to investigations und			o inappropriate payments,			
Physi	cian Name	Physician Phone N 631-376-4047	Physician Phone Number 631-376-4047				
_	nization Name	Department Name					
	Samaritan Hospital Medical Co cian Street Address 1	City	Radiation Oncolog State	Zip Code			
1000 Montauk Highway		West Islip	NY	11795			
	Physician Certi	ficate is good 60 days from o	date of physician's sign Date: /				
Physi	Claif	Ινπ	Date:/	<i>J</i>			