

# 2D/3D Conformal External Radiation Therapy Policy

## Purpose

To describe the CVS Radiation Oncology Policy for 2D/3D Conformal External Radiation Therapy.

## Scope

The scope of this document applies to CVS Health® clients who have signed up for the CVS Radiation Oncology program under CVS Health Solutions. This document includes the policy details for the 2D/3D Conformal External Radiation Therapy policy, effective 7/1/24.

## Policy

CVS Health considers 2D/3D external beam radiation therapy medically necessary only for specific scenarios.

## Procedure

CVS Health considers 2D (Complex Isodose)/ 3D Conformal external beam radiation therapy for breast cancer medically necessary in the following scenarios:

- a. Standard regimen for a maximum of 33 fractions [i.e., up to 25 treatments and up to an additional 8 boost treatments] when ANY of the following requirements are met:
  - Large breast size
  - Inability to keep the hotspot low
  - Inability to achieve homogeneity
  - Significant oncoplastic reconstruction

OR

- a. Hypofractionation regimen for a maximum of 24 fractions [i.e., up to 16 treatments and up to an additional 8 boost treatments]

2D (Complex Isodose)/ 3D Conformal external beam radiation therapy will be approved for all other diagnosis codes for a maximum of 33 fractions.

### ***Related CMS Coverage Guidance***

This Clinical Policy supplements but does not replace, modify, or supersede existing Medicare Regulations or applicable National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs). The supplemental medical necessity criteria in this policy further define those indications for services that are proven safe and effective

where those indications are not fully established in applicable NCDs and LCDs. These supplemental medical necessity criteria are based upon evidence-based guidelines and clinical studies in the peer-reviewed published medical literature. While there is a possible risk of reduced or delayed care with any coverage criteria, CVS Health believes that the benefits of these criteria – ensuring patients receive services that are appropriate, safe, and effective – substantially outweigh any clinical harms.

**Code of Federal Regulations (CFR):**

42 CFR 417; 42 CFR 422; 42 CFR 423.

**Internet-Only Manual (IOM) Citations:**

CMS IOM Publication 100-02, Medicare Benefit Policy Manual; CMS IOM Publication 100-03 Medicare National Coverage Determination Manual.

**Medicare Coverage Determinations:**

Centers for Medicare & Medicaid Services (CMS), Medicare Coverage Database [Internet]. Baltimore, MD: CMS; updated periodically. Available at: Medicare Coverage Center. Accessed November 7, 2023.

## References

The 2D/3D conformal policy is based on the following references:

1. American Society for Therapeutic Radiation and Oncology (ASTRO). The ASTRO/ACR Guide to Radiation Oncology Coding 2023. Fairfax, VA: ASTRO; 2023.
2. National Comprehensive Cancer Network (NCCN). Breast cancer. Clinical Practice Guidelines in Oncology. Version 2.2023. Plymouth Meeting, PA: NCCN; 2023.
3. National Comprehensive Cancer Network (NCCN). Palliative Care. Clinical Practice Guidelines in Oncology. Version 2.2023. Plymouth Meeting, PA: NCCN; 2023.
4. ACR-ASTRO Practice parameter for Image-Guided Radiation Therapy (IGRT) 2019, American College of Radiology (ACR), Reston, VA; Amended 2023.