Radiation Oncology Services
Quick Reference Guide

Key Points:

- Medical documentation is required for all episodes of care provided to a Veteran under the Veterans Affairs (VA) Patient-Centered Community Care (VAPC3) Program and the Veterans Choice Program (VCP).
- Medical documentation and associated forms can be uploaded directly to the TriWest Provider Portal at www.triwest.com/provider after registering for a secure account.
- VA will cover intensity modulated radiation therapy (IMRT) for certain cancers, depending on medical necessity. More information on this modality is covered later in this guide.

General Medical Documentation Content Requirements:
VA requires the initial and the final medical documentation notes for each episode of care. The notes should include, at minimum:

- Veteran’s name
- Date of birth
- Last four digits of social security number

For more detailed information on timelines for document submission, please read our primary Quick Reference Guide on Medical Documentation.

Additional Documentation for Medical/Radiation Oncology Services:

Details of the radiation therapy:

- Beginning and ending dates of treatment
- Treatment modality/energy
- Dose per fraction; number of fractions
- Immobilization required for treatment
- Combined chemotherapy
- Chemotherapy schedule

Response to therapy:

- Weekly treatment management progress notes to be included in the final submission
End of treatment note, which includes a synopsis of findings observed during weekly treatment management visits
- Side effects of treatment
- Medical management required during treatment
- Description of any required breaks in therapy
- Height, weight and performance status using either Eastern Cooperative Oncology Group (ECOG) or Karnofsky rating scales
- Specific oncologic diagnosis and stage
- Care recommendations related to side effects of therapy
- Documentation of all anti-cancer drugs administered, including drug name(s), date(s) administered, dose (both regimen dose and total dose) and route (including any ancillary drugs, such as anti-emetics or drugs to suppress other adverse events)
- Documentation of any dose adjustments or delays, including the reason for adjustment or delay
- Documentation of the tumor response to any anti-cancer treatment using standard response assessment scale as well as the results of any exam, image or test that was used to assess response
- Documentation of adverse events
- Documentation of whether the patient was discussed at a tumor board and, if so, the summary recommendation of the tumor board

How to submit medical documentation and claims:

(1) Upload Medical Documentation to TriWest Provider Portal
   - Register for a secure account on TriWest’s Provider Portal at [www.TriWest.com/provider](http://www.TriWest.com/provider) and upload medical documentation directly to the system.
     - Documents up to 5 MB can be uploaded in PDF or TIF format
   - If unable to access the Provider Portal, fax medical documentation to TriWest at 1-866-259-0311.

(2) Submit Claims to WPS
   TriWest uses WPS for all claims processing. After submitting medical documentation to TriWest, send claims either:
   - Electronically. Set up an EDI to submit electronic claims by calling WPS at 1-800-782-2680 and selecting Option 1.
   - Via mail. Mail paper claims to the following:
     WPS-VAPC3
     PO Box 7926
     Madison, WI 53707-7926
Intensity Modulated Radiation Therapy (IMRT)

Definition
IMRT is a format for delivering highly conformal irradiation. Using multiple non-uniform intensity beams, IMRT produces sharply defined dose distributions to better target cancers, while sparing adjacent normal tissue. Thus, IMRT has the potential to allow dose escalation and limit side effects of radiation treatment.

Coverage
IMRT is appropriate for those tumors where evidence supports dose escalation to achieve better tumor control and/or selectively avoiding previously irradiated volumes and critical organs-at-risk. Tumor sites and tumor presentations where such data exists are identified below.

Medically Necessary
Prostate cancer
IMRT of the prostate is considered medically necessary in individuals who meet either of the following:
- Localized prostate cancer with dose escalation greater than 74Gy
- Post-prostatectomy when dose escalation is greater than 64 Gy.

Head and neck cancer
IMRT is **NOT** considered medically necessary for *early larynx cancer, stage I or II*. However, it is considered medically necessary for all other head and neck cancer presentations.

Thoracic cancers
IMRT is considered medically necessary in the treatment of anaplastic thyroid cancer.

IMRT is considered medically necessary for curative treatment of lung cancer when the following criteria are met:
- Percent of normal lung receiving more than 20 Gy (V20) accounts for more than 35 percent of the normal lung and IMRT planning will reduce the V20 by 10 percent
- IMRT plan adequately manages tumor motion

Tumors of the central nervous system
IMRT is considered medically necessary for tumors with close proximity to the brain stem, optic nerve, lens, retina, optic chiasm, or cochlea.

Breast cancer
IMRT is considered medically necessary for the treatment of breast cancer for the presentation listed below:
Left-sided breast lesions when 3D-conformal planning shows expected dose of 25 Gy to more than 10cc of cardiac volume and IMRT planning reduces the cardiac V25 by at least 20 percent
- 3D conformal planning results in unacceptably large regions of high dose (i.e., greater than 10 percent of the volume to be treated), which are improved by IMRT planning
- In individuals who are planned to receive irradiation of the internal mammary nodes

Pelvic cancers
IMRT is considered medically necessary for gynecologic tumors (uterus, cervix, ovary, fallopian tube), pelvic sarcomas, bladder carcinoma, anal or anal canal tumors as well as rectal adenocarcinoma.

Re-irradiation
IMRT is considered medically necessary in individuals who require irradiation of a field that has received prior irradiation.

Investigational and Not Medically Necessary
IMRT is considered investigational and not medically necessary for all other indications including, but not limited to:
- Lung cancer, except when the above criteria are met
- Breast cancer, except when the above criteria are met
- Abdominal cancers
- Cancers of unknown primary
- Treatment of large arteriovenous malformations (AVM)