



Medical Policy

Quality Care Cancer Program (Radiation Oncology)

Policy Number: 937

BCBSA Reference Number: N/A

Effective Date: July 1, 2021

Related Policies

Quality Care Cancer Program CPT and HCPCS Codes (Radiation Oncology), #938

Table of Contents

Overview	1
Policy and Coverage Criteria for Commercial and Medicare Advantage Products	1
Requesting Prior Authorization Information through AIM Specialty Health	2
List of Retired Blue Cross Blue Shield of Massachusetts Radiation Oncology Medical Policies	2
The following Radiation Oncology medical policy is managed by Blue Cross:	2
Policy History	3
Disclaimer.....	3
References.....	3

Overview

Effective July 1, 2021, Blue Cross Blue Shield of Massachusetts has delegated utilization management of outpatient radiation oncology services to AIM Specialty Health® (AIM), an independent company, for Commercial and Medicare Advantage products.

The Radiation Oncology Quality Care Cancer Program requires prior authorization for outpatient radiation oncology treatments, per the medical necessity criteria reflected in the AIM clinical guidelines for Commercial and Medicare Advantage products.

The AIM Clinical Appropriateness Guidelines are based on peer-reviewed literature and recommendations from evidence-based research centers such as (but not limited to): the American Society of Clinical Oncology (ASCO) and the National Comprehensive Cancer Network (NCCN).

Policy and Coverage Criteria for Commercial and Medicare Advantage Products

The AIM Clinical Appropriateness Guidelines include medical necessity criteria for the following Radiation Oncology services:

- [Brachytherapy, intensity modulated radiation therapy \(IMRT\), stereotactic body radiation therapy \(SBRT\) and stereotactic radiosurgery \(SRS\) treatment guidelines](#)
- [Proton Beam Therapy Guidelines](#)

Requesting Prior Authorization Information through AIM Specialty Health

To request prior authorization for the following products: Commercial Managed Care (HMO and POS), **Commercial PPO/EPO and Medicare Advantage HMO and PPO**, please see instructions below:

Please request authorization with AIM in one of three ways:

1. Through a direct link on our Provider Central website at bluecrossma.com/provider. Log in and go to **eTools** and then to **AIM Specialty Health**. Click the **Go Now** button.
2. Go directly to the AIM **ProviderPortal** (registration is required) at www.providerportal.com
Note: If you've already registered for the AIM **ProviderPortal** for Blue Cross Blue Shield of Massachusetts or another insurer, you won't need to register again.
3. Call the AIM Contact Center (Monday – Friday, 8 a.m. – 6 p.m., ET) at **1-866-745-1783**.

List of Retired Blue Cross Blue Shield of Massachusetts Radiation Oncology Medical Policies

The following Radiation Oncology **medical policies will be retired effective July 1, 2021**. These policies will no longer be available on the Blue Cross website as of this date. For medically necessary indications, see the [AIM Clinical Appropriateness Guidelines for Radiation Oncology](#).

Retired Medical Policies	Policy Number
Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early Stage Breast Cancer	326
Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds	175
Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	437
Electronic Brachytherapy for Nonmelanoma Skin Cancer	739
Endobronchial Brachytherapy	091
High-Dose Rate Temporary Prostate Brachytherapy	353
Hydrogel Spacer use During Radiotherapy for Prostate Cancer	743
Intensity Modulated Radiation Therapy of the Prostate	090
Intensity Modulated Radiation Therapy: Central Nervous System Tumors	910
Intensity-Modulated Radiation Therapy of the Breast and Lung	163
Intensity-Modulated Radiation Therapy: Abdomen and Pelvis	165
Intensity-Modulated Radiation Therapy: Cancer of the Head and Neck or Thyroid	164
Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain	602
Intraoperative Radiation Therapy	278
Stereotactic Radiosurgery and Stereotactic Body Radiotherapy	277

The following Radiation Oncology medical policy is managed by Blue Cross: [Blue Cross medical policy # 292 Radioembolization for Primary and Metastatic Tumors of the Liver prn.pdf](#)

- This policy is available on the Blue Cross website.
- Prior authorization is required through Blue Cross.

Policy History

Date	Action
7/2021	Policy issued 7/1/2021. Effective 7/1/2021.

Disclaimer

Coverage is subject to applicable benefit contract. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

Member's medical records must document that services are medically necessary for the care provided. Blue Cross Blue Shield of Massachusetts maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

[AIM Clinical Appropriateness Guidelines for Radiation Oncology](#)