

<b>National Imaging Associates, Inc.*</b>	
<b>Clinical guideline: 2D – 3D CONFORMAL RADIATION THERAPY (CRT), EXTERNAL BEAM RADIATION THERAPY FOR OTHER CANCERS</b>	<b>Original Date: November 2013</b>
<b>CPT Codes: 77401, 77407, 77412</b>	<b>Last Revised Date: February 2021</b>
<b>Guideline Number: NIA_CG_225</b>	<b>Implementation Date: January 2022</b>

Most requests for radiation therapy are addressed by NIA treatment site clinical guidelines. However, there may be requests that are not. For such requests, determinations will be made on a case-by-case basis utilizing the following guidelines (when applicable) but not limited to: National Comprehensive Cancer Network (NCCN), American Society for Radiation Oncology ASTRO (i.e., Model Policies; Evidence-Based Consensus Statement), ACR Appropriateness Criteria, American Society of Clinical Oncology (ASCO) and/or peer reviewed literature.

This guideline for 2D – 3D CRT applies to other cancers not addressed by NIA treatment site clinical guidelines.

Refer to applicable treatment site-specific guidelines for the management of primary malignancies. Applicable site-specific guidelines may include all or some of the sites below, depending on the specific program.

- Anal Cancer
- Bone Metastases
- Breast Cancer
- Cervical Cancer
- CNS Cancer
- Colon Cancer
- Rectal Cancer
- Endometrial Cancer
- Gastric Cancers
- Head and Neck Cancer
- Lung - Non Small Cell
- Lung - Small Cell Lung Cancer
- Lymphoma - Hodgkin’s Lymphoma
- Lymphoma - Non-Hodgkin’s Lymphoma
- Pancreas Cancer
- Prostate Cancers

For metastasis to the brain, regardless of primary site, refer to the NIA clinical guideline for Central Nervous System (CNS). For metastasis to bone, refer to the NIA clinical guideline for Bone Metastases. For all other metastases, refer to the NIA clinical guideline for metastatic disease.

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## INDICATIONS FOR 2D – 3D CRT

### OTHER CANCER SITES NOT LISTED ABOVE

- Conventional 2D and 3D-CRT treatment delivery is appropriate for all primary malignancies not listed above.
- The number of fractions for definitive treatment is approvable up to 30 fractions. Fractions beyond 30 may be approvable upon physician review when clinical rationale is presented.

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### POLICY HISTORY

<b>Date</b>	<b>Summary</b>
February 2021	For clarity, moved the list of applicable site-specific guidelines from the background section to precede the indications (similar to other guidelines, such as brachytherapy and IMRT).
February 2020	No changes
February 2019	No changes

**Reviewed / Approved by NIA Clinical Guideline Committee**

## GENERAL INFORMATION

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

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