



## Review Criteria Georgia Region

|                                                                         |                 |                                                                         |
|-------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------|
| DEPARTMENT                                                              | CRITERIA NUMBER |                                                                         |
| <b>QUALITY RESOURCE MANAGEMENT</b>                                      |                 | 01-18                                                                   |
| SECTION                                                                 | EFFECTIVE DATE  |                                                                         |
| <b>UTILIZATION MANAGEMENT</b>                                           |                 | 9/15/08                                                                 |
| TITLE                                                                   | REVIEW DATES    | 6/4/09<br>1/30/2015                                                     |
|                                                                         | REVISION DATE   | 2/14/2019<br>1/3/2020<br>1/21/2021<br>1/10/2022<br>7/27/22<br>2/28/2023 |
| <b>HARDSHIP RADIATION</b>                                               |                 |                                                                         |
| POLICY TYPE                                                             | PAGE NUMBER     |                                                                         |
| <b>New                      Reviewed X                      Revised</b> |                 | Page 1 of 2                                                             |

**DIAGNOSIS/CONDITION:**

CPT-4/ HCPCS CODE AND DESCRIPTION: INDICATORS

### 1.0 INDICATIONS    **Hardship Radiation Therapy**

All patients are required to get radiation treatment from the core facilities **Emory St. Josephs Hospital**, or **Emory Midtown Hospital**.

Gamma Knife services available at St. Josephs Hospital

(Patients that have radiation therapy initiated during inpatient hospitalization at Piedmont Hospital will be allowed to complete their services there).

Occasionally situations arise that require consideration for radiation facilities that are contracted only for services to patients with medical hardship situations

**Definition Medical Hardship:**

- A situation whereby getting the appropriate therapy at a particular location may be a cause of suffering or requires a special effort that cannot be physically completed.
- The patient cannot expend the physical and mental effort to attend a facility because of physical illness, frailty (cannot tolerate a car ride of 20-60 minutes or cannot perform any mobility related ADL's), **and** a considerable distance that needs to be traveled. (**Over 40 miles**). **CMS limits are 30 minutes and 30 miles.**
- In such a case, because it is too physically demanding to carry out daily visits to a core radiation facility, an exception to the rule can be considered based on the judgment of the MD reviewer. **All requests for hardship radiation therapy should come from our Internal Radiation oncologist and be reviewed by the Lead Physician for Radiation Oncology and Specialty Chief providing oversight for Radiation Oncology** (currently the Associate Medical Director of Primary Care & Medical Specialties, Carl Czuboka 2023).

**Reviewed on 1/30/23 by Karen Goodlett MD**

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| DEPARTMENT<br><b>QUALITY RESOURCE MANAGEMENT</b> | CRITERIA<br>NUMBER | 01-00       |
| TITLE                                            | PAGE NUMBER        | Page 2 of 2 |

Assistant Physician Program Director of Quality Resource Management