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ADMINISTRATIVE GUIDELINE – 10.01.527

Radiation Oncology: Services Reviewed by Carelon Medical Benefits Management

Effective Date:	Sep. 1, 2026	RELATED MEDICAL POLICIES:
Last Revised:	Aug. 24, 2026	None
Replaces:	N/A	

Select a hyperlink below to be directed to that section.

ADMINISTRATIVE GUIDELINE | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Carelon Medical Benefits Management conducts clinical reviews for outpatient radiation oncology services. Below is the link to Carelon's Clinical Appropriateness Guidelines for Radiation Oncology. To submit a request for services, providers need to use the Carelon provider portal, which is also provided below.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Administrative Guideline

Service	Link
Radiation oncology	**The following radiation oncology services are reviewed by Carelon Medical Benefits Management:** • Bone metastases • Breast cancer

Service	Link
	• Central nervous system cancers (intracranial, spinal, ocular, and neurologic [e.g., trigeminal neuralgia]) • Colorectal and anal cancers • Gastrointestinal cancers, non-colorectal (cholangiocarcinoma, esophageal, gastric, liver, pancreatic) • Genitourinary cancers (bladder, penile, testicular) • Gynecologic cancers (cervical, fallopian tube, ovarian, uterine, and vulvar/vaginal) • Head and neck cancers (including thyroid) • Lung cancers: small cell and non-small cell • Lymphoma: Hodgkin and non-Hodgkin • Oligometatastatic extracranial disease • Other tumor types (sarcoma, thymoma and thymic carcinoma, pediatric tumors, other malignancies) • Prostate cancer • Skin cancer **View Carelon Clinical Appropriateness Guidelines**
Request a review	**Carelon Provider Portal login**

History

Date	Comments
06/01/19	New administrative guideline, approved May 14, 2019. This is a policy implemented for transparency and to support navigation; AIM Specialty Health began reviewing these services as of July 1, 2016.
06/01/20	Annual Review, approved May 5, 2020. Guideline reviewed, no changes to guideline statement.
03/01/21	Annual Review, approved February 2, 2021. No changes made.
04/01/22	Annual Review, approved March 7, 2022. No changes made to the guideline.
03/01/23	Annual Review, approved February 20, 2023. Policy updated to reflect AIM Specialty Health name change to Carelon Medical Benefits Management. URL updated from

Date	Comments
	AIMspecialtyhealth.com to carelon.com with no content changes made to the policy. This name change is effective March 1, 2023.
08/01/24	Annual Review, approved July 8, 2024. Added clarifying names of disorders under the broad clinical indication category names for clarity only. Added Oligometastatic extracranial disease and skin cancer to the list of radiation oncology services reviewed by Carelon Medical Benefits Management.
11/01/25	Annual Review, approved October 27, 2025. Removed reference to prior authorization within the Introduction section and replaced with the term clinical review. No other changes.
09/01/26	Annual Review, approved August 24, 2026. No changes to administrative guideline.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.