I. Policy: High Dose Rate (HDR) Temporary Brachytherapy for Treatment of Prostate Cancer

II. Purpose/Objective:
To provide a policy of coverage regarding High Dose Rate (HDR) Temporary Brachytherapy for Treatment of Prostate Cancer

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**DESCRIPTION:**
Temporary brachytherapy with iridium-192, also known as high dose rate (HDR) brachytherapy differs from conventional Iodine-125 or Palladium-103 brachytherapy by using high intensity radioactive seeds implanted temporarily as opposed to lower intensity seeds planted permanently.

**INDICATIONS:**
Permanent radioactive seed implantation for prostate cancer with or without external beam radiation therapy (EBRT) is considered *medically necessary.*

HDR brachytherapy when used in combination with EBRT for locally advanced prostate cancer (stage T2b – T3c, Gleason score 7-10, PSA level greater than 10 ng/ml) is considered *medically necessary.*

**EXCLUSIONS:**
The Plan does **NOT** provide coverage for HDR temporary brachytherapy as a treatment of prostate cancer when used as salvage therapy because it is considered *experimental, investigational or unproven.*

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

**CODING ASSOCIATED WITH: HDR Temporary Brachytherapy**
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services.

- **77799** Unlisted procedure, clinical brachytherapy
- **55875** Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
- **55876** Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, prostate (via needle, any approach), single or multiple
- **55860** Exposure of prostate, any approach, for insertion of radioactive substance
- **77317** Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
- **77318** Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
- **77770** Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
- **77771** 2-12 channels
- **77772** over 12 channels
- **77778** Interstitial radiatio source application, complex, includes supervision, handling, loading of radiation source, when performed
- **C2632:** Brachytherapy source, high-activity, Iodine 125, greater than 1.01 mCi (NIST), per source
- **C2635:** Brachytherapy source, high activity, non-stranded, palladium 103, greater than 2.2 mCi (NIST), per source
- **C2636:** Brachytherapy linear source, non-stranded, palladium 103, per 1mm
- **C2639** Brachytherapy source, non-stranded, iodine-125, per source
- **C1718:** Brachytherapy source, iodine 125, per source
- **C1717:** Brachytherapy source, high dose rate iridium 192, per source
- **C1728** Catheter, Brachytherapy seed administration
- **0395T** High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed


**LINE OF BUSINESS:**
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For PA Medicaid Business segment, this policy applies as written.
REFERENCES:
ECRI, HTAIS Hotline Response, Temporary Brachytherapy Using HDR-Ir192 for Treatment of Prostate Cancer. Updated 12/6/02. (43 refs)

Permanent and Temporary Prostate Implants (Brachytherapy). Fox Chase Cancer Center.
http://www.fccc.edu/oncology/radiation/implants.html


Canadian Coordinating Office for Health Technology Assessment (CCOHTA), Brachytherapy for Prostate Cancer, Feb 2002.


Up to Date Online, Radiation therapy for localized prostate cancer.
http://www.utdol.com/application/topic.asp?file=prost_ca/6680&type=A&selectedTitle=1~4


This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 12/03

**Revised:** 1/05, 1/06 (coding, references); 1/07; 1/09 (coding), 12/12 (exclusions)

**Reviewed:** 1/08, 12/09, 12/10, 12/11, 12/13, 12/14, 12/15, 12/16