

Policy: MP123

Section: Medical Benefit Policy

Subject: High Dose Rate (HDR) Temporary Brachytherapy for Treatment of Prostate Cancer

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

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

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an

illness, condition, injury or disability.

- 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 as monotherapy or 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**.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

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. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

- 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
- 76873 ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
- 77316 brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
- 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)
- 77761 intracavity radiation source application; simple
- 77762 intracavity radiation source application; intermediate
- 77763 intracavity radiation source application; complex
- 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
- 77790 supervision, handling, loading of radiation source
- A9527 iodine I-125 sodium iodide

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
C2638 brachytherapy source, stranded, iodine-125, per source
C2639 Brachytherapy source, non-stranded, iodine-125, per source
C1716 brachytherapy source, nonstranded, gold 198, per source
C1717: Brachytherapy source, high dose rate iridium 192, per source
C1719 brachytherapy source, nonstranded, non-high dose rate iridium 192, per source
C1728 Catheter, Brachytherapy seed administration
C2637 brachytherapy source, nonstranded, ytterbium-169, per source
C2638 brachytherapy source, stranded, iodine 125, per source
C2639 Brachytherapy source, nonstranded, iodine-125, per source
C2640 brachytherapy source, stranded, palladium 103, per source
C2641 brachytherapy source, nonstranded, palladium 103, per source
C2642 Brachytherapy source, stranded, cesium-131, per source
C2643 Brachytherapy source, nonstranded, cesium-131, per source
C2645 brachytherapy planar source, palladium-103, per square millimeter
0395T High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed

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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 Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

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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); 11/20 (revised indication)

Reviewed: 1/08, 12/09, 12/10, 12/11, 12/13, 12/14, 12/15, 12/16, 11/17, 11/18, 11/19, 11/21, 11/22

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.