



Corporate Medical Policy

Accelerated Partial Breast Radiotherapy (Breast Brachytherapy)

File Name: accelerated_partial_breast_radiotherapy_(breast_brachytherapy)
Policy Number: ADM9100
Origination: 4/2007
Last CAP Review: 8/2009
Next CAP Review: 8/2011
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This policy applies only to members whose benefit plans provide specific coverage for accelerated partial breast radiotherapy (APBR)

Description of Procedure or Service

Breast conservation therapy (BCT) involves various treatment modes that offer an alternative to [mastectomy](#) for treatment of stage I or II breast cancer. Accelerated Partial Breast Radiotherapy (APBR or Breast Brachytherapy) is a term given to a treatment that involves placing radioactive material directly in the tissue near the tumor. This allows a higher radiation dose than possible with external beam radiation therapy. It also provides a better chance for local control. APBR can be used either as a local boost or more recently as a replacement for whole breast radiation therapy (WBRT).

There are three types of APBR currently being studied in clinical trials. Multicatheter brachytherapy uses 15 -20 hollow tubes that are placed at the [lumpectomy](#) site. Radioactive pellets are inserted into the tubes and left in place for several minutes and then the pellets are removed. The tubes are left in place for 1-2 weeks of treatment. Balloon catheter brachytherapy (MammoSite®) uses only one tube with a balloon on the end. The balloon is inserted into the [lumpectomy](#) site and left in place. A radioactive substance is placed into the balloon delivering radiation to the walls of the [lumpectomy](#) cavity twice a day for 5 days of treatment. The third method of delivering partial breast radiation is by [3-D conformal external beam radiation](#). External radiation is targeted only to the [lumpectomy](#) site and a small amount of tissue around the area.

The National Cancer Institute is sponsoring a prospective randomized clinical trial which began in 2005 to compare the safety and efficacy of APBR to that of the standard whole breast irradiation. The study will include three types of APBR; multi-catheter brachytherapy, balloon catheter brachytherapy such as MammoSite®, and [3-D conformal external beam radiation](#).

*****Note: The Medical Policy on accelerated partial breast radiotherapy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

Some BCBSNC benefit plans provide coverage for Accelerated Partial Breast Radiotherapy (Breast Brachytherapy) as an alternative to standard whole breast radiation therapy when the American Society of Breast Surgeons (ASBS) criteria are met. This policy applies only to those benefit plans. All others must refer to refer to the following policy as necessary: Brachytherapy Treatment of Breast

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Cancer, policy number RAD5020.

BCBSNC provides coverage for Accelerated Partial Breast Radiotherapy (APBR) treatment when used as a local boost in addition to whole breast radiation therapy (WBRT).

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

When Accelerated Partial Breast Radiotherapy (Breast Brachytherapy) is covered

The American Society of Breast Surgeons (ASBS) criteria are as follows:

- a. The patient is 45 years old or greater, **and**
- b. The patient has invasive ductal carcinoma or ductal carcinoma in situ (DCIS), **and**
- c. The total tumor size (invasive and DCIS) is less than or equal to 3 cm in size, **and**
- d. There are negative microscopic surgical margins of excision, **and**
- e. The axillary lymph nodes/sentinel lymph nodes are negative (Not applicable with a diagnosis of DCIS).

***Please note that node sampling is not routinely done with a diagnosis of DCIS and would not be required to meet the criteria.

When Accelerated Partial Breast Radiotherapy (Breast Brachytherapy) is not covered

- ◆ When the above criteria are not met or when the benefit plan does not provide coverage.

Policy Guidelines

Refer to the individual certificate for prior plan review/precertification requirements.

In review of the MammoSite® website in April 2009, the following statement was included in their information "About MammoSite®" that states; "The safety and effectiveness of the MammoSite® as a replacement for whole breast irradiation in the treatment of breast cancer has not been established."

The FDA 510k clearance for the MammoSite® device issued May 2002 requires the manufacturer of the device: "in accordance with Section 513(i)(1)(E) of the Act, the following limitation must appear in the Warnings section of the device's labeling: The safety and effectiveness of the MammoSite RTS® as a replacement for whole breast irradiation in the treatment of breast cancer has not been established."

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Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 0182T, 19296, 19297, 19298, 77326, 77776, 77777, 77778, 77785, 77786, 77787.

BCBSNC may request medical records for determination if criteria are met. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a determination is included.

Medical Term Definitions

Lumpectomy

is the excision of a breast tumor (lump or mass) including a limited amount of surrounding tissue.

Mastectomy

a surgical removal of all or a part of the breast, generally performed for breast cancer or breast disease.

3-D conformal external beam radiation

is external radiation to the breast targeted only to the tumor site and a small amount of tissue around the area instead of irradiating the whole breast.

Scientific Background and Reference Sources

The American Society of Breast Surgeons. (2005, December). Consensus statement for accelerated partial breast irradiation. Retrieved 1/29/07 from <http://www.breastsurgeons.org/apbi.shtml>.

BCBSA Medical Policy Reference Manual [Electronic version]. 8.01.13, 10/10/06

National Comprehensive Cancer Network. Breast Cancer. Clinical practice guidelines in oncology, V.1.2007. Retrieved 1/29/07 from http://www.nccn.org/professionals/physician_gls/PDF/breast.pdf

CYTYC Corporation. (2007). MammoSite targeted radiation therapy. About MammoSite RTS. Retrieved 3/27/07 from <http://www.mammosite.com/mammosite-about.htm>

Xoft Incorporated. (2007). Axxent electronic brachytherapy system. Breast cancer and brachytherapy. Retrieved 6/18/07 from <http://www.xoftmicrotube.com/axxentproductoverview.html>.

BCBSA Medical Policy Reference Manual [Electronic version]. 8.01.13, 4/17/2007

BCBSA Technology Evaluation Center. (2007). Accelerated partial breast irradiation as sole radiotherapy after breast-conserving surgery for early stage breast cancer. Retrieved 6/1/2007 from <http://www.bcbsa.com/betterknowledge/tec/press/accelerated-partial-breast.html>.

Senior Medical Director review - 8/2007

CYTYC Corporation. (2009). MammoSite targeted radiation therapy. About MammoSite RTS. Retrieved 4/24/09 from <http://www.mammosite.com/physicians/radiation-therapy/about-mammosite.cfm>

BCBSA Medical Policy Reference Manual [Electronic version]. 8.01.13, 5/8/2008

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Policy Implementation/Update Information

- 4/1/07 New policy implemented. See policy number RAD.5020 entitled, Brachytherapy Treatment for Breast Cancer, for those plans that do not offer specific coverage for accelerated partial breast radiotherapy.
- 7/16/07 Added new CPT code 0182T to "Billing/Coding" section.
- 9/24/07 Senior Medical Director review 8/23/2007. Added statement, e. "(Not applicable with a diagnosis of DCIS)" and "***Please note that node sampling is not routinely done with a diagnosis of DCIS and would not be required to meet the criteria." to the "When Covered" section. "Policy Guidelines" updated to add information regarding the "Axxent" device. References added.
- 1/5/09 Removed deleted CPT codes 77781 and 77782 from the "Coding/Billing" section. Added new CPT codes "77785, 77786, and 77787". (btw)
- 10/12/09 Specialty Matched Consultant Advisory Panel review 8/28/2009. Added statement to "Description" section indicating; ***Note: The Medical Policy on accelerated partial breast radiotherapy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician." No changes to policy statement. Updated rationale in the "Policy Guidelines" section and removed reference to "Axxent" as it does not apply to this policy. Reference added.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.