



## Corporate Medical Policy

# Prostate Cancer Treatment with Brachytherapy

**File Name:** prostate\_cancer\_treatment\_with\_brachytherapy  
**Policy Number:** RAD5150  
**Origination:** 12/1997  
**Last Review:** 5/2005

**Active policy, no longer scheduled for routine literature review.**

### Description of Procedure or Service

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Prostate cancer is the most common cancer seen in men and is the second most common cause of cancer deaths in men. The prostate gland is a part of the male reproductive system. It is located below the bladder and in front of the rectum and surrounds the [urethra](#), the tube-like structure that carries urine from the bladder out through the penis.

[Brachytherapy](#) is a type of [radiotherapy](#) which uses ionizing radiation whose source is a short distance from the area that is being treated. [Brachytherapy](#) of the prostate is used to treat cancer of the prostate gland. It can be delivered in a variety of ways. The most familiar technique is the use of radioactive seeds that are permanently implanted into the prostate tissue. These seeds contain [radioisotopes](#) of relatively low energy, short half lives, low dose rates, and limited range. The seeds are between 4 and 5 millimeters in size. Placement of the seeds is guided by transrectal ultrasound. Its purpose is to deliver a direct [tumorcidal](#) dose to the tumor itself, but spare tissue surrounding the prostate.

In contrast, temporary prostate [brachytherapy](#) involves the use of higher energy [radioisotopes](#). These isotopes deliver radiation at a higher dose rate, which may be more effective in destroying rapidly dividing cancer cells as seen in poorly differentiated [malignancies](#). The isotopes are left in place for a predetermined amount of time. The typical amount of time is from 8 to 12 minutes. This is called the dwell time. The radiation may be delivered over a course of several days. The dwell time can be altered to control dose distribution to the tumor and surrounding structures.

### Policy

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**Active policy, no longer scheduled for routine literature review.**

**BCBSNC will provide coverage for Radioactive Seed Implantation for Prostate Cancer when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.**

**BCBSNC will not provide coverage for High Dose Rate Temporary Brachytherapy for Prostate Cancer. It is considered investigational. BCBSNC does not cover investigational services.**

### Benefits Application

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

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reviewed before applying the terms of the policy.

### When Brachytherapy for Prostate Cancer is covered

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- ◆ Treatment of localized (stages A/T1 or B/T2) prostate cancer with implantable radioactive seeds is considered equivalent to standard therapy and is eligible for coverage.

### When Brachytherapy for Prostate Cancer is not covered

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- ◆ When the above criteria are not met.
- ◆ BCBSNC does not cover High Dose Rate Temporary [Brachytherapy](#) for Prostate Cancer. It is considered investigational. BCBSNC does not cover investigational services.

### Policy Guidelines

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This procedure is performed by a urologist and radiation oncologist.

### Billing/Coding/Physician Documentation Information

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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](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable Codes:* 55860, 55862, 55865, 55875, 76872, 76873, 76965, 77326, 77327, 77328, 77776, 77777, 77778, 77785, 77786, 77787, 77790, Q3001

BCBSNC may request medical records for determination of medical necessity. 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 medical necessity determination is included.

### Policy Key Words

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Key Words: Radioactive Seed Implantation, Seed Therapy, Prostate, Cancer, Prostate Cancer, High Dose Rate Temporary Brachytherapy, Radiology, Radioactive seeds, Radiation, Malignant, Malignancy, Malignancies, Permanent Brachytherapy, Temporary Brachytherapy, RAD5150

### Medical Term Definitions

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#### Brachytherapy

in radiotherapy, treatment with ionizing radiation whose source is applied to the surface of the body or is located a short distance from the body area being treated.

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### **Malignant**

cancerous, not benign; describes a tumor that invades and destroys the tissues in which it originates and can spread to other sites in the body via the bloodstream and lymphatic system. If untreated, these tumors cause progressive deterioration and death.

### **Radioisotope**

aa radioactive element; an isotope which is radioactive. Radioisotopes have important diagnostic and therapeutic uses in clinical medicine and research.

### **Radiotherapy**

the treatment of disease with radiation.

### **Tumorcidal**

adequate dosage to kill tumor cells.

### **Urethra**

the natural channel or tube through which urine passes from the bladder to outside of the body.

## **Scientific Background and Reference Sources**

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### **From Policy Entitled: Radioactive Seed Implantation for Prostate Cancer:**

BCBSA Technology Evaluation Criteria - 6/95

The Management of Localized Prostate Cancer, A Patient's Guide; The American Urological Association, Prostate Cancer Clinical Guidelines Panel, 1995.

BCBSA Medical Policy Reference Manual, issue date 12/1/95

Stokes SH, Real JD, Adams PW, Clements JC, Wuertzer S, Kan W. Transperineal ultrasound-guided radioactive seed implantation for organ-confined carcinoma of the prostate. *Int J Radiat Oncol Biol Phys*. 1997 Jan 15;37(2):337-41.

Consultant Review - 10/97

MEDLINE Search 1997.

Medical Policy Advisory Group - 12/99

Stone NN, Stock RG. Prostate brachytherapy: treatment strategies. *J Urol*. 1999 Aug;162(2):421-6.

Ragde H, Korb L. Brachytherapy for clinically localized prostate cancer. *Semin Surg Oncol*. 2000 Jan-Feb; 18(1):45/51.

Senior Medical Director Review - 2/2000

Medical Policy Advisory Group approved- 4/20/2000

Specialty Matched Consultant Advisory Panel - 6/2001

### **From Policy Entitled Prostate Cancer, High Dose Rate Temporary Brachytherapy:**

BCBSA Medical Policy Reference Manual; 4/30/00; 8.01.33

Specialty Matched Consultant Advisory Panel - 5/2001

### **New Policy Developed Entitled: Prostate Cancer Treatment with Brachytherapy:**

ECRI Windows on Medical Technology, May 1999

ECRI TARGET Fact Sheet, May 25, 1999

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Specialty Matched Consultant Advisory Panel 11/2001

BCBSA Medical Policy Reference Manual, Policy 8.01.14; 12/18/02

BCBSA Medical Policy Reference Manual, Policy 8.01.33; 12/18/02

Specialty Matched Consultant Advisory Panel 5/2003

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.33, 7/15/04

Specialty Matched Consultant Advisory Panel - 5/24/05

### Policy Implementation/Update Information

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#### **From Policy Entitled: Radioactive Seed Implantation for Prostate Cancer:**

- 12/95 Reviewed: Investigational
- 12/97 Reviewed: Added additional information in Description section. Added indications eligible for coverage in Policy section; Therapy for localized (stages A/T1 or B/T2) prostate cancer with implantable radioactive seeds, without use of external beam radiation is considered equivalent to standard therapy and is eligible for coverage. Archived Policy 55859.SUR.
- 7/99 Reformatted, Description of Procedure or Service changed, Medical Term Definitions added.
- 12/99 Medical Policy Advisory Group
- 2/00 Removed language concerning external beam radiation. Code 55658 changed to 55859.
- 4/00 Added Medical Policy Advisory Group reference to Scientific Background and Reference Sources section of the policy.
- 4/01 System changes.
- 6/01 Format change. Specialty Matched Consultant Advisory Panel recommended to change statement under Policy Guidelines to say, "This procedure is performed by a urologist and radiation oncologist." No other changes recommended.

#### **From Policy Entitled Prostate Cancer, High Dose Rate Temporary Brachytherapy:**

- 5/01 Original policy issued. Specialty Matched Consultant Advisory Panel approved.

#### **New Policy Developed Entitled: Prostate Cancer Treatment with Brachytherapy:**

- 9/01 Combined Radioactive Seed Implantation for Prostate Cancer and Prostate Cancer, High Dose Rate Temporary Brachytherapy to form new policy entitled Prostate Cancer Treatment with Brachytherapy.
- 11/01 Specialty Matched Consultant Advisory Panel review of Prostate Cancer, High Dose Rate Temporary Brachytherapy. No changes. Format changes.
- 11/03 Specialty Matched Consultant Advisory Panel review (5/23/03). No changes to criteria. Benefits Application and Billing/Coding sections revised. Added codes G0256, G0261 and Q3001 to Billing/Coding section.
- 6/2/05 Specialty Matched Consultant Advisory Panel review 5/24/05. No changes to criteria. Description section reformatted. Header for "When Radioactive Seed Implantation is covered and when not covered" corrected to "When Brachytherapy for Prostate Cancer is covered and when not covered". Under "When covered", added "Treatment of ..." to the beginning of the sentence. Deleted HCPCS codes G0256 and G0261 removed from Billing/Coding section and added CPT codes 77781, 77782, 77783, and 77784. Key words and medical terms added. Policy status changed to "Active policy, no longer scheduled for routine literature review.

## **Policy: Prostate Cancer Treatment with Brachytherapy**

1/17/07 CPT code 55875 effective January 1, 2007 added to Billing/Coding section. Removed deleted CPT code 55859.

01/05/09 CPT codes 77785, 77786 and 77787 effective January 1, 2009 added to Billing/Coding section. Removed deleted CPT codes 77781, 77782, 77783 and 77784.

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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.