CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 30.12
TITLE: RADIATION THERAPY

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(b)(2)(c)(2)(c)(3) and (g)(15)

I. EFFECTIVE DATE

A. July 24, 1992

B. April 26, 1996, Proton Beam Therapy/External Beam Radiation for the treatment of prostate cancer

II. PROCEDURE CODE(S)

77280-77295

III. DESCRIPTION

Radiation therapy is the branch of medicine that utilizes ionizing radiation in the treatment of malignant neoplasms. The primary purpose of radiation therapy is to eliminate or shrink localized cancers (as opposed to cancers that have spread to distant parts of the body). Radiation therapy is also known as radiotherapy, radiation treatment, x-ray therapy, cobalt therapy, and proton beam therapy.

IV. POLICY

A. Radiation therapy (brachytherapy, fast neutron, hyperfractionated, and radioactive chromic phospate synviorthesis) is covered for those indications documented by reliable evidence as safe, effective and comparable or superior to standard care (proven).

B. Hyperfractionated radiation therapy is the use of multiple small fractions of radiation given two or more times per day. Benefits may be extended for hyperfractionated radiation therapy when determined to be medically necessary and appropriate.

1. There are no categorical limitations on the use of hyperfractionated radiation therapy, and indications and patient selection will vary as with any other form of radiotherapy.

2. The ideal tumor cell characteristics for hyperfrationation treatment are:

a. continuous destruction of the tumor cell as reflected by an absence of a shoulder on the cell survival curve,

b. an otherwise radiosensitive tumor cell line,

c. short cell cycle time, and

d. high growth fraction. These characteristics are typical for small cell carcinoma of the lung, many pediatric tumors, and most lymphomas.

3. The following is a list of conditions for which hyperfractionated radiation therapy has been used: (This list is not all inclusive and should not be used as such.)

a. advanced head and neck cancers,

b. glioblastomas,

c. lung cancers,

d. malignant astrocytoma,

e. malignant lymphomas,

f. pediatric brainstem glioma, and

g. soft tissue sarcoma.

C. Benefits may be extended for fast neutron radiotherapy for treatment of adenoid cystic carcinoma and malignant salivary gland tumors.

END OF POLICY