

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 30.6
TITLE: BRACHYTHERAPY/RADIATION THERAPY

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

RELATED AUTHORITY: 32 CFR 199.4(b)(2)(x) and (c)(2)(viii)

I. EFFECTIVE DATE

March 27, 1991

II. PROCEDURE CODE(S)

77261-77263, 77280-77299, 77300-77799, 79440

III. DESCRIPTION

A. Radiation therapy (sometimes called radiotherapy, x-ray therapy, or irradiation) is the treatment of malignant disease/tumors, using penetrating beams of high-energy waves or streams of particles called radiation. Radiation therapy can be given in two ways.

B. External radiation therapy. The radiation comes from special machines or from radioactive substances that emits specific amounts of radiation at the tumors or areas where there is disease. Radiation therapy is usually given once daily in a dose that is based on the type and location of the tumor or disease. In hyperfractionated radiation therapy, the daily dose is divided into smaller doses that are given more than once a day. The radiation treatments are usually separated by four to six hours.

C. Internal radiation therapy. Brachytherapy is a form of internal radiation. Implant radiation therapy, interstitial radiation therapy, and intracavitary radiation are synonymous terms for brachytherapy. Instead of using a large radiation machine, the radioactive material is sealed in a small holder called an implant. The implant is permanently or temporarily placed directly into the tumor or inserted into the body cavity near the affected area. Implants may be in the form of thin wires, plastic tubes (catheters), capsules or seeds. Commonly used radioactive materials include gold (198 Au), iodine (125 I), Iridium (192 Ir), californium (252 Cf), cesium (137 Cs), and palladium (103 pd).

IV. POLICY

A. Radiation therapy, including hyperfractionated radiation therapy, fast neutron radiotherapy and brachytherapy are covered for those indications for which reliable evidence supports that the treatment is safe, effective, and comparable or superior to standard care (proven).

B. Radioactive chromic phosphate synoviorthesis in the treatment of hemophilia patients with hemarthrosis and/or synovitis is covered when the medical record documents that more conservative therapies have failed.

1. 79440 Intra-articular radionuclide therapy.
2. 77750 Infusion or instillation of radioelement.

V. POLICY CONSIDERATIONS

A. There are no categorical limitations on the use of brachytherapy, and indications and patient selection will vary as with any other form of radiotherapy.

B. Following is a list of conditions for which brachytherapy has been used. This list is not all-inclusive and should not be used as such.

1. Brain tumors, alone or combined with external beam radiation therapy.
2. Cervical, uterine and prostate cancer.
3. Palliative treatment of bronchogenic carcinoma.
4. Adjuvant therapy of:
 - a. bile duct carcinoma;
 - b. bladder carcinoma;
 - c. breast cancer;
 - d. childhood and adult sarcomas;
 - e. choroidal melanoma;
 - f. esophageal carcinoma;
 - g. head and neck cancer;
 - h. liver metastases;
 - i. pancreatic carcinoma;

- j. rectal carcinoma;
- k. renal cell carcinoma;
- l. retinoblastoma;
- m. sacral chordoma;
- n. skin cancer; and
- o. vaginal and vulvar carcinoma.

5. Intracoronary radiation therapy with gamma or beta radiation is considered medically appropriate for any of the following:

(1) the prevention and management of individuals with in-stent restenosis of a native coronary artery, or

(2) in-stent restenosis of saphenous vein bypass grafts.

VI. EXCLUSIONS

A. Intracoronary brachytherapy is not covered when:

1. Used in the treatment of the patient without signs and symptoms of in-stent restenosis of saphenous vein graft (SVG), used in coronary artery bypass grafting procedures.

2. Used to manage de novo-lesions or treat restenosis in native or grafted coronary vessels without stents.

3. Used to treat in-stent restenosis of SVGs using other radioactive sources (e.g., alpha or beta radiation) or delivered via other methods (e.g., radioactive stents or catheter balloons filled or coated with radioactive material).

4. Intravascular brachytherapy is administered outside the coronary artery, i.e., peripheral vascular system.

5. In the treatment of the patient without signs or symptoms of in-stent restenosis of the coronary artery.

6. In-stent restenosis of the coronary artery or saphenous vein graft, used in coronary artery bypass grafting procedures, has not occurred.

B. Brachytherapy as the sole radiation after breast-conserving surgery for early stage breast cancer.

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C. Peripheral artery brachytherapy as an adjunct to percutaneous transluminal angioplasty for the prevention of restenosis in the femoropopliteal system.

END OF POLICY