

Brachytherapy Procedures

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[Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
• High-Dose Rate Electronic Brachytherapy	1
• Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	1
Supporting Information	1
Policy History/Revision Information	2
Instructions for Use	2

Related Policies
None

Coverage Guidelines

Brachytherapy is covered when Medicare coverage criteria are met.

High-Dose Rate Electronic Brachytherapy (CPT codes 0394T and 0395T)

Medicare does not have a National Coverage Determination (NCD) for high dose electronic brachytherapy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs and applicable coverage guidelines, refer to the table for [High Dose Electronic Brachytherapy](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

Note: After checking the [High Dose Electronic Brachytherapy](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors

Medicare does not have a National Coverage Determination (NCD) for selective internal radiation (SIRT). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Supporting Information

Important Note: When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

High Dose Electronic Brachytherapy

Accessed May 4, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35490 (A56902)	Category III Codes	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY
L35490 (A56902)	Category III Codes	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

[Back to Guidelines](#)

Policy History/Revision Information

Date	Summary of Changes
04/20/2021	<p>Template Update</p> <ul style="list-style-type: none"> Reformatted policy; transferred content to new template <p>Coverage Guidelines</p> <p><i>Brachytherapy</i></p> <ul style="list-style-type: none"> Removed coverage guidelines (no CMS reference available) <p><i>High-Dose Rate Electronic Brachytherapy (CPT codes 0394T and 0395T)</i></p> <ul style="list-style-type: none"> Revised default guidelines for states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs): <ul style="list-style-type: none"> Added reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> Removed reference link to <i>MCG™ Care Guidelines, 24th edition, 2020, Brachytherapy ACG: A-0270 (AC)</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current reference links

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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