Coverage Summary

Brachytherapy Procedures

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 07/21/2020

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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 is 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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I. COVERAGE

Coverage Statement: Brachytherapy is covered when Medicare coverage criteria are met.

Guidelines/Notes:

1. Brachytherapy
   - Medicare does not have a National Coverage Determination (NCD) for brachytherapy.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
   - Refer to the MCG™ Care Guidelines, 24th edition, 2020, Brachytherapy ACG: A-0270 (AC) for information regarding medical necessity review. Click here to view the MCG™ Care Guidelines. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no LCD or LCA is found, then use the above referenced policy.)
   - Committee approval date: March 17, 2020
   - Accessed March 5, 2020
2. 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, see the LCD/LCA Availability Grid (Attachment A).
   • For coverage guidelines for states/territories with no LCDs/LCAs, refer to the MCG™ Care Guidelines, 24th edition, 2020, Brachytherapy ACG: A-0270 (AC) for information regarding medical necessity review. Click here to view the MCG™ Care Guidelines. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
   • Committee approval date: July 21, 2020
   • Accessed July 15, 2020

3. 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 for Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
   • Committee approval date: January 21, 2020
   • Accessed January 8, 2020

II. DEFINITIONS
None

III. REFERENCES
See above

IV. REVISION HISTORY
07/21/2020 Guideline 2 [High-Dose Rate Electronic Brachytherapy (CPT codes 0394T and 0395T)]
   • Revised language pertaining to Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to indicate:
     o LCDs/LCAs exist [for some states/territories] and compliance with these policies is required where applicable
     o For coverage guidelines for states/territories with no LCDs/LCAs, refer to the MCG™ Care Guidelines, 24th edition, 2020, Brachytherapy ACG: A-0270 (AC)

Attachments
• Updated LCD/LCA Availability Grids to reflect the most current reference links
## Attachment A – LCD/LCA Availability Grid

**High Dose Electronic Brachytherapy**

CMS website accessed July 15, 2020

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End of Attachment A