# Coverage Summary

## Brachytherapy Procedures

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 03/19/2019</td>
<td></td>
</tr>
</tbody>
</table>

Related Medicare Advantage Policy Guideline: High Dose Rate Electronic Brachytherapy

---

**INDEX TO COVERAGE SUMMARY**

<table>
<thead>
<tr>
<th>I.</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Brachytherapy</td>
</tr>
<tr>
<td>2.</td>
<td>High-Dose Rate Electronic Brachytherapy</td>
</tr>
<tr>
<td>3.</td>
<td>Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors</td>
</tr>
</tbody>
</table>

| II. | DEFINITIONS |
| III. | REFERENCES |
| IV. | REVISION HISTORY |
| V. | ATTACHMENTS |

## 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, 23rd edition, 2019, Brachytherapy ACG: A-0270 (AC) for information regarding medical necessity review. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or LCA is found, then use the above referenced policy.)
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 state-specific LCDs, see the **LCD Availability Grid (Attachment A)**.
   - **For states with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy for Omnibus Codes. (**IMPORTANT NOTE:** After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD or LCA is found, then use the above referenced policy.)

   - **Committee approval date:** January 15, 2019
   - **Accessed May 1, 2019**

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 state LCD or LCA is found, then use the above referenced policy.)

   - **Committee approval date:** January 15, 2019
   - **Accessed March 4, 2019**

II. DEFINITIONS

III. REFERENCES

   See above

IV. REVISION HISTORY

04/01/2019  - Updated policy introduction; added language to clarify:
   o There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
   o 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**)
   - Retitled reference links that direct users to UnitedHealthcare Commercial policies

---

Page 2 of 5

UHC MA Coverage Summary: Brachytherapy Procedures

Proprietary Information of UnitedHealthcare. Copyright 2019 United HealthCare Services, Inc.
3/19/2019  Re-review with the following update:
Guideline 1 (Brachytherapy) - updated MCG™ reference from 22\textsuperscript{nd} edition, 2018 to 23\textsuperscript{rd} edition, 2019; no change in MCG™ guideline.

01/15/2019  Annual review; no updates.

09/18/2018  Updated Local Coverage Determination (LCD) Availability Grid; removed instruction to “use the applicable LCD based on member’s residence/place and type of service” (this note only applies when selecting the appropriate DME LCD Policy)

03/20/2018  Re-review with the following update:
Guideline 1 (Brachytherapy) - updated reference from MCG 21\textsuperscript{st} 2017 to 22\textsuperscript{nd} 2018 edition.

01/16/2018  Annual review with the following update:
Guideline 2 [High-Dose Rate Electronic Brachytherapy (CPT codes 0394T and 0395T)] - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

03/21/2017  Re-review with the following update:
Guideline 1 (Brachytherapy) - updated reference from MCG 20\textsuperscript{th} 2016 to 21\textsuperscript{st} 2017 edition.

01/17/2017  Annual review; no updates.

04/19/2016  Re-review with the following updates:
Guideline #1 (Brachytherapy)
• Removed “Non coronary” from title.
• Deleted all references to the Noridian LCD for Brachytherapy: Non-Intracoronary (retired on 4/1/2016) with no replacement.

Guideline #2 [High-Dose Rate Electronic Brachytherapy (CPT codes 0394T and 0395T)] – Guidelines are new to coverage summary.

Guideline #3 (Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors)
• Renamed title from “Selective Internal Radiation Therapy (SIRT) for Primary and Secondary Hepatic Malignancy”.
• Changed default for states without LCDs from the Wisconsin LCD for Selective Internal Radiation Therapy (SIRT) for Primary and Secondary Hepatic Malignancy (Yttrium-90 -Microsphere Hepatic Brachytherapy) (retired on 4/1/2016) to United HealthCare Medical Policy for Implantable Beta-Emitting Microspheres For Treatment of Malignant Tumors. As there were no other LCDs, NCDs or MCGs available.
• Deleted all references to the Wisconsin LCD for Selective Internal Radiation Therapy (SIRT) for Primary and Secondary Hepatic Malignancy (Yttrium-90 -Microsphere Hepatic Brachytherapy) (retired on 4/1/2016)

Definitions – Deleted definition of Brachytherapy, as the source of this definition
was an LCD, which has been retired.


01/19/2016 Annual review with the following updates:
  • Updated reference link(s) of the applicable LCDs to reflect the new condensed LCD link(s).

08/18/2015 Re-review with following update:
Guideline #1 (Brachytherapy: Non-coronary) – For states without LCDs; changed default from to retired Wisconsin’s LCD for Brachytherapy (L30320) to MCG™ Care Guidelines, 19th edition, 2015, Brachytherapy ACG: A-0270 (AC).

03/12/2015 Formatting change only.

01/20/2015 Annual review with following updates:
  • Guidelines #1 Brachytherapy: Non-coronary
    o Added language to indicate:
      Coverage guidelines of the available LCDs align; there is uniformity. There is no applicable UnitedHealthcare Policy available
    o For states without LCDs; changed default LCD from the Noridian LCD for Brachytherapy; Non-Intracoronary (L24281) to Wisconsin’s LCD for Brachytherapy (L30320) - as this LCD allowed for a larger geographical coverage area.
    o Removed coverage summary guideline; reference link to the default Wisconsin’s LCD for Brachytherapy (L30320) already exists.
  • Guidelines #2 Selective Internal Radiation Therapy (SIRT) for Primary and Secondary Hepatic Malignancy
    o Added language to indicate; the UnitedHealthcare Medical Policy guidelines align with the available LCDs.
    o For states without LCDs; replaced for LCD for Selective Internal Radiation Therapy (SIRT) for Primary and Secondary Hepatic Malignancy (90Y-Microsphere Hepatic Brachytherapy) (L30137) with UnitedHealthcare Medical Policy for Implantable Beta-Emitting Microspheres For Treatment of Malignant Tumors.
    o Added applicable CMS reference to definition of brachytherapy.

02/18/2014 Annual review; no updates

02/19/2013 Annual review; no updates

02/27/2012 Annual review; no updates

04/08/2011 LCD Availability Grid (Attachment A) updated.

02/21/2011 Annual review;
  • Deleted guidelines for Intracoronary Brachytherapy as there are no NCDs, no UHC Medical Policy for this procedure and the only 2 LCDs references used were
01/19/2011

- Replaced Attachment A - LCD Availability Grid for Brachytherapy (Section V); new grid with updated LCD links
- Updated the link to L24281, LCD for Brachytherapy: Non-Intracoronary in Guidelines #1 Brachytherapy: Non-coronary
- Updated the link to L30137, LCD for Selective Internal Radiation Therapy (SIRT) for Primary and Secondary Hepatic Malignancy (90Y-Microsphere Hepatic Brachytherapy) in Guidelines #3 Selective Internal Radiation Therapy (SIRT) for Primary and Secondary Hepatic Malignancy

V. ATTACHMENT(S)

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC Part A and B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC Part B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
<tr>
<td>L33392</td>
<td>Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L34555</td>
<td>Non-Covered Category III CPT Codes</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
</tbody>
</table>

End of Attachment A