

Accelerated Partial Breast Irradiation

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[Coverage Policy](#) Medical 207
[Version](#) 6

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details ^{*}.

Purpose:

This policy addresses the medical necessity of - Accelerated Partial Breast Irradiation

Description & Definitions:

Accelerated Partial Breast Irradiation a technique utilizing an expandable balloon catheter inserted near to target a breast tumor to provide internal radiation post lumpectomy or partial mastectomy.

Criteria:

Accelerated partial breast irradiation (e.g. Mammosite) is considered medically necessary with **ALL of the following**:

- Individual is 40 years of age or older.
- Individual is not a BRCA 1 or BRCA2 gene mutation carrier.
- Individual is currently being treated with primary surgery for unifocal stage 1 estrogen receptor (ER) positive breast cancer.
- Individual has Negative lymph nodes.
- Individual has **1 or more of the following**:
 - Individual has ductal carcinoma in situ (DCIS)
 - Individual has diagnosis of early stage (0, I, II) breast cancer.
 - Individual's tumor has a favorable histology as indicated by **ALL of the following**:
 - Tumor does not have extensive intraductal components.
 - Tumor has lobular carcinoma in situ (LCIS) with negative margins.

Accelerated Partial Breast Irradiation is considered not medically necessary for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description

19296	Placement of radiotherapy after loading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy.
19297	Placement of radiotherapy after loading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2023: July
- 2019: December
- 2015: June, July, October
- 2014: June, December
- 2013: April, May, June
- 2012: January, June, July, September
- 2011: June, December
- 2010: March, July
- 2009: June
- 2008: January, June

Reviewed Dates:

- 2022: July
- 2021: September
- 2020: September
- 2019: April
- 2018: October
- 2017: November
- 2016: March, July, August
- 2010: February, June
- 2005: October

Effective Date:

- February 2001

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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ASTRO Evidence-Based Consensus Statement on Accelerated Partial Breast Irradiation (APBI). (2017 update). Retrieved June 22, 2023, from American Society for Radiation Oncology (ASTRO): [https://www.practicalradonc.org/article/S1879-8500\(16\)30184-9/fulltext](https://www.practicalradonc.org/article/S1879-8500(16)30184-9/fulltext)

Breast Cancer. (2023, Jan). Retrieved June 22, 2023, from National Comprehensive Cancer Network (NCCN): https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf

Intraoperative Radiation Therapy (IORT) For Breast Cancer - ARCHIVED Jan 26, 2015. (n.d.). Retrieved June 22, 2023, from Hayes 3: <https://evidence.hayesinc.com/report/htb.intraoperative2322>

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Procedure Fee Files & CPT Codes. (2023). Retrieved June 22, 2023, from Department of Medical Assistance Services: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/> & <https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/>

Radiation therapy techniques for newly diagnosed, non-metastatic breast cancer. (2023, Jun 16). Retrieved June 22, 2023, from UpToDate: https://www.uptodate.com/contents/radiation-therapy-techniques-for-newly-diagnosed-non-metastatic-breast-cancer?search=Accelerated%20Partial%20Breast%20Irradiation§ionRank=1&usage_type=default&anchor=H759835&source=machineLearning&selectedTitle=1~23&d

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Accelerated Partial Breast Irradiation, shp medical 206, mammosite, breast, Medical 71, BRCA 1, BRCA2, unifocal stage 1 estrogen receptor positive breast cancer, infiltrating ductal tumor, breast cancer, carcinoma, APBI, Intensity-Modulated Radiation Therapy