

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Accelerated Partial Breast Irradiation

AUTH: SHP Medical 207 v5 (AC)

MCG Health
Ambulatory Care
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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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- Policy is applicable to all products not utilizing the medical oncology program guidelines.
- For Brachytherapy see SHP Brachytherapy Policy.

Authorization Requirements

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Pre-certification by the Plan is required for all plans

Description of Item or Service

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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.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of accelerated partial breast irradiation for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Accelerated partial breast irradiation (e.g. Mammosite) is considered medically necessary with **ALL** of the following:
 - Individual is 50 years of age or older
 - Individual is not a BRCA 1 or BRCA 2 gene mutation carrier
 - Individual is currently being treated with primary surgery for unifocal stage 1 estrogen receptor (ER) positive breast cancer
 - Individual has **1 or more** of the following:
 - Individual has an infiltrating ductal tumor
 - 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

Document History

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- Revised Dates:
 - 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
 - 2019: April
 - 2018: October
 - 2017: November
 - 2016: March, July, August
 - 2010: February, June
 - 2005: October

- Effective Date: February 2001

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 19296 - Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
 - CPT 19297 - Placement of radiotherapy afterloading 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)
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

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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Codes

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