

Accelerated Partial Breast Irradiation

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Effective Date 2/2001
Next Review Date 7/2024
Coverage Policy Medical 207
Version 6

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

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:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved June 22, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

Accelerated Partial Breast Irradiation For Breast Cancer Using Conformal And Intensity-Modulated Radiation Therapy - ARCHIVED Nov 20, 2021. (n.d.). Retrieved June 22, 2023, from Hayes: <https://evidence.hayesinc.com/report/dir.accelerated2451>

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

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Local Coverage Determination (LCD) Intraoperative Radiation Therapy - L37779. (2018). Retrieved June 22, 2023, from Centers for Medicare and Medicaid Services LCD: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=37779&ver=16&keyword=Accelerated%20Partial%20Breast%20Irradiation&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

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: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by

medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

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