Brachytherapy Policy

Purpose

To describe the CVS Radiation Oncology External Policy for Brachytherapy.

Scope

The scope of this document applies to CVS Health clients who have signed up for the CVS Radiation Oncology program under CVS Health Solutions. This document includes the internal details for the Brachytherapy policy.

Policy

CVS Health considers brachytherapy medically necessary for the treatment of many tumor types. Brachytherapy is a type of radiation in which a radioactive source is placed in close proximity to the treatment site. This technique can be helpful in delivering a high dose to the target area while reducing the amount of radiation to normal surrounding tissue. A variety of radioactive isotopes are employed in brachytherapy. Broadly, brachytherapy can be delivered via intracavitary or interstitial placement. Brachytherapy is a cornerstone of the treatment of gynecologic tumors, including cervical and endometrial cancer. Brachytherapy can be delivered alone combined with external beam radiation therapy (EBRT). Breast brachytherapy treatment delivers radiation via a balloon catheter following lumpectomy to the space left after the cancerous tumor is removed and to the tissue directly surrounding the cavity. Example systems include Mammosite, Contura, and SAVI. In certain clinical scenarios, brachytherapy has been shown to provide superior outcomes compared to external beam radiotherapy. When considering the medical necessity of brachytherapy, CVS Health considers the cancer stage, the treatment intent, extent of disease, if the overall treatment plan incorporates surgery and external beam radiation therapy.

Procedure

CVS Health considers SBRT medically necessary for the following indications:

- Breast cancer, DCIS (Ductal Carcinoma in Situ) and Invasive Breast Cancer (IBC), partial breast radiation delivered via intracavitary treatment
    - Approve 5 fractions delivered daily or 10 fractions delivered twice daily
- Endometrial Cancer, all stages, either with or without external beam radiation therapy

    - In the post-operative setting
        a. Stage IA, IB, approve up to 5 fractions intracavitary (vaginal cylinder) brachytherapy
        b. Stage II-IV, approve up to 3 fractions intracavitary (vaginal cylinder) if delivered with external beam radiation therapy and up to 5 fractions intracavitary (vaginal cylinder) without external beam radiation therapy
- Cervical Cancer, all stages, either with or without external beam radiation therapy
    - Tandem and ring/ovoid, vaginal cylinder, and interstitial brachytherapy are techniques all applicable
    - Approve up to 8 fractions brachytherapy
- Prostate Cancer, both *HDR and LDR brachytherapy approved, either in the primary setting or boost, where brachytherapy is delivered in conjunction with external beam radiation therapy
    - HDR, in the primary and boost settings, approve up to 6 fractions
    - LDR, in the primary and boost settings, approve
- Skin Cancer, specifically Keratinocyte carcinoma (KC, previously nonmelanoma skin cancer)
    - Approve radionuclide therapy. Electronic brachytherapy is not routinely approved for the treatment of skin cancer.
    - Approve up to 10 fractions

References

The Brachytherapy policy is based on the following references:

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