UM-CDG-031 Brachytherapy	Approved By: Director, Health Services	Effective Date: 10/22/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address brachytherapy, a form of treatment used for both oncologic and non-oncologic conditions where radioactive materials are placed inside the body. Radiation sources utilized can be implanted either temporarily or permanently. There are a variety of placement techniques that may be used.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

Electronic Brachytherapy

SECUR Health Plan will consider electronic brachytherapy medically necessary for the treatment of superficial melanoma skin cancer when the following are met:

1. Supporting documentation includes rationale for medical necessity, and
2. Surgical intervention is contraindicated for the member or refused by the member, and
3. Treatment will be completed in a total of ten (10) fractions (sessions) or less.

Intracoronary Brachytherapy

SECUR Health Plan will consider intracoronary brachytherapy as medically necessary for in-stent restenosis following angioplasty or stent placement.

Intraoperative Brachytherapy

SECUR Health Plan will consider intraoperative brachytherapy as medically necessary for breast cancer only in members where there is a reasonable expectation at the time of surgery that Accelerated Partial Breast Irradiation (APBI) may be appropriate. For colon and/or rectal cancer SECUR Health Plan will consider intraoperative brachytherapy as medically necessary if the member has a T4 tumor or recurrent cancer or positive or close surgical margins. For uterine and/or cervical cancer, the member must have a recurrent tumor burden following

external beam radiation or members without metastatic disease for whom surgical resection by itself would be unlikely to achieve adequate, local disease control. Intraoperative brachytherapy is considered medically necessary in the treatment of gastric and gastroesophageal junction cancers.

SECUR Health Plan considers intraoperative brachytherapy for pancreatic, esophageal, lung, and brain cancer as not medically necessary.

Brachytherapy (excluding electronic, intracoronary, and intraoperative)

SECUR Health Plan will consider brachytherapy as medically necessary for the following:

1. Brain cancer – treatment with GammaTile in a member with newly diagnosed or recurrent intracranial neoplasms.
2. Breast cancer – adjunctive boost to the tumor bed in a member receiving whole breast radiation therapy (WBRT) following breast conserving surgery or postoperative accelerated partial breast irradiation (APBI) when the following is met:
    - Age 45 or older, and
    - BRCA negative, and
    - Invasive carcinoma or ductal carcinoma in situ (DCIS), and
    - Node negative, and
    - Total tumor size is less than or equal to 2 cm, and
    - Tumor removed with negative surgical margins.
3. Extrahepatic cholangiocarcinoma – palliation of obstructive jaundice with unresectable disease or treatment in combination with external beam radiation therapy (EBRT) for unresectable, nonmetastatic disease.
4. Esophageal cancer – palliative treatment for obstructive dysphagia or unresectable nonmetastatic disease.
5. Gynecologic cancer – cervical, endometrial, uterine, or vaginal.
6. Head and neck cancer – lip, nasopharyngeal, oral cavity, salivary gland.
7. Intraocular cancer – as a secondary treatment for retinoblastoma after local treatment failure or uveal melanoma.
8. Lung cancer – endobronchial treatment of the central airway in a member who is not yet a candidate for surgical resection or palliative treatment for a member with unresectable disease and symptomatic airway obstruction.
9. Nonmelanoma skin cancer – definitive treatment for members where surgery would be disfiguring or compromise function or for members who cannot undergo or decline surgical treatment.
10. Penile cancer – node negative, T1 or T2, and tumors less than 4 cm confined to the glans and prepuce.
11. Prostate cancer – monotherapy for low risk or favorable intermediate risk or as a boost following EBRT for unfavorable intermediate risk, high risk, or very high-risk disease or as salvage therapy for local recurrence after prior radiotherapy.
12. Soft tissue sarcoma – postoperatively as either monotherapy or a boost following EBRT for a member with positive surgical margins or as a postoperative boost following EBRT in a member with negative surgical margins.
13. Vulvar cancer – as a boost following EBRT or monotherapy for primary disease.

Prostate Rectal Spacers

SECUR Health Plan will consider prostate rectal spacers as medically necessary for members undergoing radiation treatment for prostate cancer and with no grossly apparent posterior extraprostatic extension.

Selective Internal Radiation Therapy (SIRT, also known as TARE)

SIRT will be considered medically necessary for the following:

1. Intrahepatic cholangiocarcinoma in a member not a candidate for surgical resection or treatment is being used to downstage disease in preparation for other curative treatment.
2. Treatment of solitary tumor using TheraSpheres in a member with unresectable hepatocellular carcinoma (HC) where the following are met:
   - Tumor measures 1-8 cm in diameter, and
   - Cirrhosis score of A on the Child-Turcotte-Pugh Calculator, and
   - Easter Cooperative Oncology Group (ECOG) Performance Status of 0-2, and
   - No macrovascular invasion, and
   - Well compensated liver function, or
   - Treatment of unresectable metastatic liver tumors for primary colorectal cancer using SIRSpheres in conjunction with adjuvant intrahepatic artery chemotherapy, or
   - Unresectable liver metastases from primary neuroendocrine tumors for any of the following:
     - Symptomatic on a somatostatin analogue (SSA) or following another form of synthetic therapy, or
     - Progressive on a SSA or following another form of synthetic therapy, or
     - Used as debulking therapy for bulky liver disease

And absence of all the following:

- Abnormal vascular anatomy that would result in significant reflux of hepatic arterial blood to the stomach, pancreas, and/or bowel, and
- Ascites, and
- Clinical liver failure, and
- Disseminated extra hepatic malignant disease, and
- Greater than 20% shunting of hepatic artery blood flow to the lungs, and
- Portal vein thrombosis, and
- Previous EBRT to the liver, and
- Treatment with capecitabine with two (2) months prior to or any time after treatment with SIR-Spheres

SECUR Health Plan considers brachytherapy for the following as not medically necessary for any member:

1. Treatment for age related macular degeneration
2. Treatment for pancreatic cancer
3. Noninvasive brachytherapy
4. Treatment for bladder cancer
5. Electronic brachytherapy for any other indication than those listed above

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