BRACHYTHERAPY FOR TREATMENT OF MISCELLANEOUS CANCERS

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms “experimental” and “investigational” are considered to be interchangeable.

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Description:

Brachytherapy describes the delivery of radiation therapy via radioactive ribbons or seeds, radioactive stents, or radioactive filled catheter balloons. The radioactive source (gamma, beta or alpha radioisotopes) is implanted within, or close to, the targeted site, allowing a high dose of radiation with less exposure to normal cells. Implants may be intracavitary (intracavity), interstitial or intraluminal and permanent or temporary.
BRACHYTHERAPY FOR TREATMENT OF MISCELLANEOUS CANCERS (cont.)

**Description:** (cont.)

Electronic brachytherapy is a form of radiotherapy that is designed to deliver high-dose-rate (HDR) brachytherapy. This technique focuses a uniform dose of x-ray source radiation to the lesion with the aid of a shielded surface application.

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**Criteria:**

For breast cancer, see BCBSAZ Medical Coverage Guideline #O830, "Brachytherapy for Treatment of Breast Cancer".

For endobronchial brachytherapy, see BCBSAZ Medical Coverage Guideline #O698, "Endobronchial Brachytherapy".

For intracavitary balloon catheter brachytherapy for brain tumors and brachytherapy using an electronic radiotherapy device for the treatment of brain cancer, see BCBSAZ Medical Coverage Guideline #O750, "Intracavitary Balloon Brachytherapy for Malignant and Metastatic Brain Tumors".

For brachytherapy for prostate cancer, see BCBSAZ Medical Coverage Guideline #0773, "Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds".

For high-dose brachytherapy for prostate cancer, see BCBSAZ Medical Coverage Guideline #0774 “High-Dose Rate Temporary Prostate Brachytherapy".
CRITERIA: (cont.)

Brachytherapy:

Brachytherapy for the following is considered *medically necessary*:

1. Eye tumor
2. Gastrointestinal cancers
   - Rectal cancer
   - Recurrent colorectal cancer
3. Genitourinary cancers
   - Bladder cancer
   - Cervical cancer
   - Endometrial cancer
   - Ovarian cancer, recurrent
   - Vaginal cancer
4. Head and neck cancers
   - Buccal mucosa cancer
   - Esophageal cancer
   - Lip cancer
   - Mouth cancer
   - Nasopharyngeal cancer
   - Salivary gland cancer
   - Sinus cancer
   - Tonsillar fossa/pillar cancer
5. Pulmonary and pleural cancers
6. Soft tissue sarcoma
7. Tumors close to critical structures that cannot be resected with adequate margins

Brachytherapy for primary or initial ovarian cancer is considered *experimental or investigational* based upon insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.
BRACHYTHERAPY FOR TREATMENT OF MISCELLANEOUS CANCERS (cont.)

Criteria: (cont.)

Electronic Brachytherapy:

➢ Electronic brachytherapy for all indications is considered experimental or investigational based upon:

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome, and
3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
4. Insufficient evidence to support improvement outside the investigational settings.

These indications include, but are not limited to:

▪ Nonmelanoma skin cancer (e.g., basal cell carcinoma, squamous cell carcinoma)

Resources:

Literature reviewed 08/21/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources published prior to 2006 may be requested from the BCBSAZ Medical Policy and Technology Research Department.


BRACHYTHERAPY FOR TREATMENT OF MISCELLANEOUS CANCERS (cont.)

Resources: (cont.)


BRACHYTHERAPY FOR TREATMENT OF MISCELLANEOUS CANCERS (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Dii kwe’ é atah nilinigii Blue Cross Blue Shield of Arizona haada yit’ éego bina’ idillkidgo éi doodago Háida bi’já aniyeediigii t’áadoo le’é yina’ idíllkidgo beehaz’ ánii hólo di’í t’áá hazaad’éhí héká a’doomolgo bee haž’ a doo baq’ ilinígódó. Atá’ halné’ígii kojí ‘bich’í’ hodilínih 877-475-4799.

Chinese: 如果您，或者您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Blue Cross Blue Shield of Arizona الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم يصلب 877-475-4799.
BRACHYTHERAPY FOR TREATMENT OF MISCELLANEOUS CANCERS (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuuanan, ay maga yung katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatang ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagsalog, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 연어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799로 전화해십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Doimetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi: اگر شما یا کمک کننده شما یا کمک میکنید، سوالات و موارد اطلاعاتی به زبان خود را به طور رایگان دریافت نمایید 877-475-4799.

Assyrian: ئەگەر چەکەکە یا ئەکەکەیەکە یا ئەکەکەیەکەیەیە، سوالات و موارد اطلاعاتی به زبان خود را به طور رایگان دریافت نمایید 877-475-4799.

Serbo-Croatian: Ukoiko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือผู้ที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสามารถได้รับความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไม่เสียค่าใช้จ่าย ติดต่อที่ โทร. 877-475-4799