

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	SUPERFICIAL RADIATION THERAPY FOR TREATMENT OF SKIN CANCERS
Policy Number	6.01.43
Category	Technology Assessment
Effective Date	08/21/14
Revised Date	04/16/15, 04/21/16, 04/20/17, 04/19/18
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Edited Date	
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

Based upon our criteria and assessment of peer-reviewed literature, *Superficial Radiation Therapy (SXRT)* using a mobile device capable of delivering low energy x-rays has not been medically proven to be effective and is considered **not medically necessary** for the treatment of basal cell or squamous cell carcinomas.

POLICY GUIDELINES

The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION

SXRT provides an alternative to Mohs micrographic surgery for treatment of basal cell or squamous cell carcinomas. SXRT consists of low energy x-rays which do not penetrate very deeply or only superficially and transmits their energy into the skin, making the therapy ideal for treating radiosensitive skin cancers. SXRT differs from external beam radiotherapy (EBRT) by having a different energy source, smaller size, simpler applied physics and dosimetry, and a linear accelerator is not required. Thus, SXRT is more cost-effective than traditional EBRT. The SRT-100™ (Sensus Healthcare, Boca Rattan, FL) and the XStrahl 100 and 150 (Gulmay Medical, Buford, GA) are two mobile devices developed to deliver low energy x-rays in a physician office setting. Treatment of various skin cancers (e.g., basal cell carcinoma and squamous cell carcinoma), dermatological conditions and mycosis fungoides in patients who are considered high risk for surgical procedures due to various disorders, diabetic and cardiac diseases, or for patients with non-melanoma skin cancers on their facial region can be performed in the dermatology office setting using these devices. The Esteya® electronic brachytherapy device received FDA approval in 2013. This mobile device applies radiation directly to the cancerous site using a small high dose rate x-ray source and concentrates more therapeutic radiation on the disease target and less radiation to surrounding healthy tissue and organs. Electronic brachytherapy features radiation shielding requirements comparable to low voltage therapeutic x-ray devices, thus only portable leaded-glass shielding is necessary to provide sufficient protection. Total treatment time per lesion ranges from two-three minutes and multiple lesions can be treated during one session. Electronic brachytherapy using the Esteya electronic brachytherapy device is advertised as an additional treatment option by a dermatologist for treating skin cancers.

RATIONALE

Literature regarding SXRT using mobile devices to deliver low energy radiotherapy as primary, adjuvant or salvage therapy in patients with basal cell carcinoma or squamous cell carcinoma consists of retrospective case series with

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similar recurrence rates and good cosmesis reported compared to surgical intervention. However large randomized controlled studies are still needed to evaluate the efficacy of this treatment modality.

The American Academy of Dermatology Association Position Statement on Superficial Radiation Therapy for Basal Cell Carcinoma (BCC) or Squamous Cell Carcinoma (SCC) (2014) states the following: based on current evidence, surgical management remains the most effective treatment for BCC and SCC, providing the highest cure rates. SXRT may be considered as a secondary option for the treatment of BCC and SCC, for use in special circumstances, such as when surgical intervention is contraindicated or refused and after the benefits and risks of treatment alternatives have been discussed with the patient. Additional research is needed on superficial radiation therapy, particularly on long-term outcomes. Dermatologists engaged in providing SXRT must have adequate education and training to safely and effectively administer this therapy.

CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT Codes

Code	Description
77401	Radiation treatment delivery; superficial and/or ortho voltage, per day
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
77427	Radiation treatment management, 5 treatments

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HCPCS Codes

Code	Description
No specific code(s)	

ICD10 Codes

Code	Description
C44.0-C44.9	Other and unspecified malignant neoplasm of skin (code range)

REFERENCES

American Academy of Dermatology Association. Position Statement on Superficial Radiation Therapy for Basal Cell Carcinoma (BCC) and Squamous Cell Carcinomas (SCC). 2014. Revised 2016 Nov 5.

Cognetta AB, et al. Superficial x-ray in the treatment of basal and squamous cell carcinomas: A viable option in select patients. *J Am Acad Dermatol* 2012 Dec;67(6):1235-41.

Council ML. Common skin cancers in older adults: approach to diagnosis and management. *Clin Geriatr Med* 2013 May;29(2):361-72.

Krema H, et al. Orthovoltage radiotherapy in the management of medial canthal basal cell carcinoma. *Br J Ophthalmol* 2013 Jun;97(6):730-4.

Mierzwa, ML. Radiotherapy for skin cancers of the face, head, and neck. *Facial Plast Surg Clin N Am* 2019;27(1):131-138.

Migden MR, et al. Emerging trends in the treatment of advanced basal cell carcinoma. *Cancer Treat Rev*. 2018 Mar;64:1-10.

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Roth WI, et al. Superficial radiation therapy: a viable nonsurgical option for treating basal and squamous cell carcinoma of the lower extremities. J Drugs Dermatol 2018;18(2):130-134.

*Key Article

KEY WORDS

Superficial x-ray, orthovoltage x-ray, SRT-100, Xstrahl-100, Esteya.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon review, superficial or orthovoltage radiosurgery is not addressed in a Regional or a National coverage determination or policy.