

INTRAOPERATIVE RADIATION THERAPY (IORT)

Effective Date: November 25, 2014

Review Dates: 10/08, 12/08, 12/09, 12/10, 12/11,
12/12, 12/13, 11/14, 11/15, 11/16, 11/17, 11/18

Date Of Origin: October 2008

Status: Current

I. POLICY/CRITERIA

Intraoperative Radiation Therapy (IORT) may be covered when recommended by the National Comprehensive Cancer Network (NCCN) Guidelines.

IORT not recommended by NCCN may be covered as part of a clinical trial when the criteria of the Clinical Trials medical policy are met.

II. MEDICAL NECESSITY REVIEW

Required

Not Required

Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN/MICHILD:** *For Medicaid/Healthy Michigan Plan/MICHild members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical*

Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Intraoperative Radiation Therapy (IORT) is a means of giving radiation during surgery. The purpose of IORT is to deliver a high dose of radiation directly to a small area that is at high risk for recurrence. Radiation during surgery allows the surrounding areas of the body to be protected from unnecessary radiation.

V. CODING INFORMATION

ICD-10 Codes that may apply

Refer to National Comprehensive Cancer Network (NCCN) Guidelines

CPT/HCPCS Codes:

- 19294 Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (list separately in addition to code for primary procedure)
- 77424 Intraoperative radiation treatment delivery, x-ray, single treatment session
- 77425 Intraoperative radiation treatment delivery, electrons, single treatment session
- 77469 Intraoperative radiation treatment management

VI. REFERENCES:

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