



MEDICAL POLICY No. 91556-R4

INTRAOPERATIVE RADIATION THERAPY (IORT)

Effective Date: November 25, 2014

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11/20, 11/21, 11/22, 11/23

Date Of Origin: October 2008

Status: Current

I. POLICY/CRITERIA

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

IORT not recommended by NCCN may be considered medically necessary 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) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan 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:

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|-------|--|
| 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 |
| 0735T | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure) |

VI. REFERENCES:

1. [Breast Cancer. Version 4.2023 — March 23, 2023](#). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). National Comprehensive Cancer Network (NCCN).
2. [Cervical Cancer. Version 1.2024 — September 20, 2023](#). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Comprehensive Cancer Network (NCCN).
3. [Colon Cancer. Version 1.2023 — September 21, 2023](#). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). National Comprehensive Cancer Network (NCCN).
4. [Rectal Cancer. Version 5.2023 — September 21, 2023](#). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). National Comprehensive Cancer Network (NCCN).

5. [Uterine Neoplasms. Version 1.2024 — September 20, 2023](#). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). National Comprehensive Cancer Network (NCCN).
6. Long-term survivors using intraoperative radiotherapy for recurrent gynecologic malignancies. *Int J Radiat Oncol Biol Phys*. 2007 Oct 1; 69(2):504-11.
7. Radical pelvic resection and intraoperative radiation therapy for recurrent endometrial cancer: technique and analysis of outcomes. *Gynecol Oncol*. 2006 May; 101(2):280-6.
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9. Intraoperative radiation therapy in the management of gynecologic and genitourinary malignancies. *Surg Oncol Clin N Am*. 2003 Oct; 12(4):1031-42.
10. Intraoperative radiotherapy in pancreatic cancer: a systematic review. *Radiother Oncol*. 2008 Jun; 87(3):318-25.
11. Intraoperative radiation therapy in resected pancreatic carcinoma: long-term analysis. *Int J Radiat Oncol Biol Phys*. 2008 Mar 15; 70(4):1094-9.
12. Early experience with intraoperative radiotherapy in patients with resected pancreatic adenocarcinoma. *Am J Surg*. 2008 Mar; 195(3):308-11.
13. Clinical results of intraoperative radiation therapy for patients with locally recurrent and advanced tumors having colorectal involvement. *Am J Surg*. 2008 Mar; 195(3):405-9.
14. Value of intraoperative radiotherapy in locally advanced rectal cancer. *Dis Colon Rectum*. 2006 Sep; 49(9):1257-65.
15. Study of quadrant high-dose intraoperative radiation therapy for early-stage breast cancer. *Br J Surg*. 2008 Sep; 95(9):1105-10.
16. Preliminary results of electron intraoperative therapy boost and hypofractionated external beam radiotherapy after breast-conserving surgery in premenopausal women. *Int J Radiat Oncol Biol Phys*. 2008 Oct 1; 72(2):485-93.
17. Local recurrence rates in breast cancer patients treated with intraoperative electron-boost radiotherapy versus postoperative external-beam electron-boost irradiation. A sequential intervention study. *Strahlenther Onkol*. 2004 Jan; 180(1):38-44.
18. Intraoperative radiotherapy (IORT) is an option for patients with localized breast recurrences after previous external-beam radiotherapy. *BMC Cancer*. 2007 Sep 14; 7:178.
19. Intraoperative radiotherapy given as a boost for early breast cancer: long-term clinical and cosmetic results. *Int J Radiat Oncol Biol Phys*. 2006 Apr 1; 64(5):1410-5.
20. Full-dose intraoperative radiotherapy with electrons during breast-conserving surgery: experience with 590 cases. *Ann Surg*. 2005 Jul; 242(1):101-6.
21. Targeted intraoperative radiotherapy (TARGIT) yields very low recurrence rates when given as a boost. *Int J Radiat Oncol Biol Phys*. 2006 Dec 1; 66(5):1335-8.
22. Targeted intraoperative radiotherapy impairs the stimulation of breast cancer cell proliferation and invasion caused by surgical wounding. *Clin Cancer Res*. 2008 Mar 1; 14(5):1325-32.

23. Early initiation of external beam radiotherapy (EBRT) may increase the risk of long-term toxicity in patients undergoing intraoperative radiotherapy (IORT) as a boost for breast cancer. *Breast*. 2008 Jul 22.
24. Factors associated with negative margins of lumpectomy specimen: potential use in selecting patients for intraoperative radiotherapy. *Ann Surg Oncol*. 2008 Mar; 15(3):833-42.
25. The TARGIT trial: targeted intraoperative radiation therapy versus conventional postoperative whole-breast radiotherapy after breast-conserving surgery for the management of early-stage invasive breast cancer (a trial update). *Am J Surg*. 2007 Oct; 194(4):507-10.

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