

Hydrogel Spacer use During Radiotherapy for Prostate Cancer

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 3

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary hydrogel spacer use during radiotherapy for prostate cancer.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

PROCEDURES

For all risk groups of prostate cancer, radiation therapy is an option. Due to the fact that the rectum lies in proximity to the prostate, the risk of rectal toxicity is high. One approach is to push the rectum away from the prostate, increasing the space between the two and reducing the radiation dose to the rectum. A variety of biomaterials, including polyethylene glycol hydrogels have been evaluated as perirectal spacers.

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

Place of Service

Experimental/investigational (E/I) services are not covered regardless of place of service.

Hydrogel spacer use during radiotherapy for prostate cancer is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT Code	Description
55874	Transperineal placement of biodegradable material, periprostatic, single or multiple injection(s), including image guidance, when performed.

Covered Diagnosis Codes for Procedure Code 55874

Code	Description
C61	Malignant neoplasm of prostate.
C79.82	Secondary malignant neoplasm of genital organs.
D07.5	Carcinoma in situ of prostate.
D40.0	Neoplasm of uncertain behavior of prostate.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

References

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Te Velde BL, Westhuyzen J, Awad N, Wood M, Shakespeare TP. Can a peri-rectal hydrogel spaceOAR programme for prostate cancer intensity-modulated radiotherapy be successfully implemented in a regional setting? *J Med Imaging Rad Oncol.* 2017;61(4):528-533.

POLICY UPDATE HISTORY

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