



**Position Statement
on
Electronic Surface Brachytherapy
for Basal Cell Carcinoma (BCC) and Squamous Cell Carcinomas (SCC)
(Approved by the Board of Directors: November 13, 2013; Revised March 22, 2014^a;
Revised August 9, 2014; Revised May 21, 2016)**

Delivery of surface x-rays using electronic surface brachytherapy differ from other surface-conforming brachytherapy technologies and from traditional external beam radiation in that the radiation is generated without the use of a radioisotope or linear accelerator.

Several modalities exist to treat basal and squamous cell carcinoma. Dermatologists should discuss treatment options with patients and determine the most appropriate treatment for patients based on cure rates, long term clinical and aesthetic outcome, patient's age and medical circumstances, patient's desires, coverage criteria, and full disclosure of all the risks and benefits of each treatment modality.

This Position Statement is intended to offer dermatologists guiding principles regarding provision of electronic surface brachytherapy services in order to provide high quality care for patients, but is not intended to establish a legal or medical standard of care.

1. Based on current evidence, surgical management remains the most effective treatment for BCC and SCC, providing the highest cure rates.¹⁻⁵
2. The Academy supports consideration of electronic surface brachytherapy as a secondary option for the treatment of BCC and SCC, for use in special circumstances, such as when surgical intervention is contraindicated^{6,7} or refused and after the benefits and risks of treatment alternatives have been discussed with the patient.
3. The Academy believes additional research is needed on electronic surface brachytherapy particularly on long term outcomes.¹⁻³
4. Dermatologists and their staff need to be aware of, and comply with, the full scope of federal and state laws and regulations governing the provision and billing of electronic surface brachytherapy services. Many states have regulations that establish specific educational and training requirements for those administering electronic surface brachytherapy, and these regulations can vary considerably from state to state.^b In addition, the regulatory environment is dynamic, with some states now engaged in rulemaking for these systems.
5. Electronic surface brachytherapy devices are being marketed to dermatologists as technologically advanced devices with significant current and future revenue streams. The Academy's Code of Ethics for Dermatologists precludes patient management based on business models designed solely for the financial gain to the dermatology practice, without adequate concern for the best interests of the patient. Such an approach would undermine quality of care and compromise patient safety, and could subject the practice to ethical scrutiny.

^a The Academy has issued a position statement on superficial radiation therapy. See <http://www.aad.org/Forms/Policies/ps.aspx>

^b To access state radiation safety agency contact information and/or regulations see link to The Conference of Radiation Control Program Directors website: <http://www.crcpd.org/Map/default.aspx>.

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6. It is important that any practice using electronic brachytherapy or similar therapies expend appropriate efforts to understand and use proper CPT coding for the service that is verified by an authoritative entity other than the device manufacturer, such as the local Medicare carrier or relevant private payer.
7. Further, the utilization of CPT codes related to electronic surface brachytherapy has been rapidly increasing. The Academy is concerned that a continued rapid increase in utilization of this service may draw scrutiny from private payers, federal agencies, including the Centers for Medicare and Medicaid Services (CMS) Members of Congress, and federal watchdogs. The results of such scrutiny could lead to relevant CPT code revisions, re-evaluations of reimbursement levels with likely decreases in payment for electronic surface brachytherapy, and restrictions on access to therapy via private insurance-generated qualifying criteria and Medicare Contractor-instituted Local Coverage Determinations.
8. Dermatologists should also be mindful when they consider adopting business models that implicate the Stark physician self-referral law or federal anti-Kickback statute which rely on the provider's ability to refer patients to entities in which the provider or the provider's family members have a financial interest. Congress and federal agencies have been highly critical of self-referral's role in Medicare Part B expenditures' rapid growth.⁷

References

1. Bath-Hextall FJ, Perkins W, Bong J, Williams HC. *Interventions for basal cell carcinoma of the skin*. Cochrane Database of Systematic Reviews, 2007 Jan 24;(1):CD003412.
2. Lansbury L, Bath-Hextall F, Perkins W, Stanton W, Leonardi-Bee J. *Interventions for non-metastatic squamous cell carcinoma of the skin: systematic review and pooled analysis of observational studies*. BMJ. 2013 Nov 4;347:f6153
3. Lansbury L, Leonardi-Bee J, Perkins W, Goodacre T, Tweed JA, Bath-Hextall FJ. *Interventions for non-metastatic squamous cell carcinoma of the skin*. Cochrane Database of Systematic Reviews, 2010 Apr 14;(4): CD007869
4. Firnhaber JM. *Diagnosis and treatment of Basal cell and squamous cell carcinoma*. American Family Physician. 2012 Jul 15;86(2):161-8.
5. Neville JA, Welch E, Leffell DJ. *Management of nonmelanoma skin cancer in 2007*. Nature Clinical Practice Oncology. 2007 Aug;4(8):462-9.
6. Bhatnagar A. Nonmelanoma skin cancer treated with electronic brachytherapy: results at 1 year. *Brachytherapy*. 2013 Mar-Apr;12(2):134-40.
7. Bhatnagar A, Loper A. The initial experience of electronic brachytherapy for the treatment of non-melanoma skin cancer. *Radiat Oncol*. 2010 Sep 28;5:87
8. United States Government Accountability Office (GAO), "Medicare: Higher Use of Costly Prostate Cancer Treatment by Providers Who Self-Refer Warrants Scrutiny" [GAO-13-525 (July 19, 2013)].

This Position Statement is provided for educational and informational purposes only. It is intended to offer physicians guiding principles and policies regarding the practice of dermatology. This Position Statement is not intended to establish a legal or medical standard of care. Physicians should use their personal and professional judgment in interpreting these guidelines and applying them to the particular circumstances of their individual practice arrangements.