

**Position Statement  
on  
Superficial Radiation Therapy & Electronic Surface Brachytherapy  
for Cutaneous Basal Cell (BCC) and Squamous Cell Carcinomas (SCC)  
(Approved by the Board of Directors November 9-13, 2013)**

Superficial radiation therapy and electronic surface brachytherapy utilize technologies that are different from traditional radiation therapy and classic brachytherapy. Superficial radiation therapy is identified as “low-energy” radiation therapy utilizing x-rays. Electronic surface brachytherapy delivers radiation without the use of an isotope. Both differ substantially from traditional external beam radiation therapy and brachytherapy delivered via a medical linear accelerator or radioisotopes.

This Position Statement is intended to offer dermatologists guiding principles regarding provision of superficial radiation therapy and 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. Individual physicians must determine the most appropriate treatment for their patients based on the facts and circumstances of each case.

1. The Academy supports surgical treatment (e.g., excision, Mohs, destruction) as the optimal primary intervention for BCC and SCCs. Based on current practice and evidence, surgery is the most effective treatment, able to provide the highest cure rates at a lower cost than any type of radiation therapy.<sup>1-5</sup>
2. The Academy supports consideration of superficial radiation therapy as a second line option for the treatment of BCC and SCC, for use in special circumstances, such as when surgical intervention is contraindicated<sup>6,7</sup> and after the benefits and risks of treatment alternatives have been discussed with the patient.
3. The Academy believes additional research is needed on superficial radiation therapy and electronic surface brachytherapy.<sup>1-3</sup>
4. While certain radiation devices have historically been used by dermatologists, dermatologists engaged in providing superficial radiation therapy must have adequate education and training to safely and effectively administer these therapies.
5. **Electronic surface brachytherapy** should not be administered by a dermatologist, per current manufacturer’s recommendations.
6. 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 superficial radiation therapy and/or electronic surface brachytherapy services. Many states have regulations that establish specific educational and training requirements for those administering superficial radiation or electronic surface brachytherapy, and these regulations can vary considerably from state to state.\* In addition, the regulatory environment is dynamic, with some states now engaged in rulemaking for these systems.

\*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>.

7. Superficial radiation therapy and/or 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.
8. It is important that any practice using superficial radiation therapy, electronic brachytherapy, or similar therapies expend appropriate efforts to understand and use proper CPT coding for the service that is verified as such by an authoritative entity other than the device manufacturer.
9. Further, the utilization of CPT codes related to superficial radiation therapy and electronic surface brachytherapy has been rapidly increasing. The Academy is concerned that a continued rapid increase in utilization of either 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 superficial radiation therapy and/or electronic surface brachytherapy, and restrictions on access to therapy via private insurance-generated qualifying criteria and Medicare Contractor-instituted Local Coverage Determinations.
10. Dermatologists should also be mindful when they consider adopting "self-referral" business models, 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.<sup>8</sup>

#### References

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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
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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. Coggnetta AB, Howard BM, Heaton HP, Stoddard ER, Hong HG, Green WH. *Superficial x-ray in the treatment of basal and squamous cell carcinomas: a viable option in select patients*. Journal of the American Academy of Dermatology. 2012 Dec;67(6):1235-41.
7. Mendenhall WM, Amdur RJ, Hinerman RW, Coggnetta AB, Mendenhall NP. *Radiotherapy for cutaneous squamous and basal cell carcinomas of the head and neck*. Laryngoscope. 2009 Oct;119(10):1994-9.
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.*