

Position Statement
on
Superficial Radiation Therapy
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)

Superficial radiation therapy delivers radiation therapy utilizing x-rays that are more energetic and penetrating than Grenz rays, but less energetic and penetrating than traditional orthovoltage external beam radiation.

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 superficial radiation therapy 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 superficial radiation therapy 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 superficial radiation therapy, particularly on long-term outcomes.¹⁻³
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 this therapy.
5. 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 services. Many states have regulations that establish specific educational and training requirements for those administering superficial radiation 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.

^a The Academy has issued a position statement on electronic surface brachytherapy. 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>.

6. Superficial radiation therapy 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.
7. It is important that any practice using superficial radiation therapy 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.
8. Further, the utilization of CPT codes related to superficial radiation therapy 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 superficial radiation therapy and restrictions on access to therapy via private insurance-generated qualifying criteria and Medicare Contractor-instituted Local Coverage Determinations.

References

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