MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

Policy Number: MP.060.MH
Last Review Date: 05/27/2021
Effective Date: 08/01/2021

MP.060.MH – Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy

This policy applies to the following lines of business:
- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT)** medically necessary for the following indications:

SBRT is considered an appropriate medical treatment for the following conditions:

1. Primary and metastatic tumors of the **lung, liver, kidney, adrenal gland, or pancreas** when the following criteria are met and each specifically documented in the medical record:
   - The member's general medical condition justifies aggressive treatment to a primary cancer or for cases of metastatic disease, documentation justifying aggressive local therapy to one or more discreet deposits of cancer within the context of efforts to achieve total clearance or clinically beneficial reduction in the patient's overall burden of systemic disease, and the tumor burden can be completely targeted with acceptable risk to critical structures. Typically, such a patient would have also been a potential candidate for alternate forms of intense local therapy applied for the same purpose (e.g. surgical resection, radiofrequency ablation, cryotherapy, etc).

2. Malignant lesions of the head and neck or paranasal sinuses following other conventional radiation modalities to complete initial definitive therapy, and for recurrent disease

3. Prostate Cancer which is localized and quickly progressing when all of the following criteria are met:
   - Physician documentation of patient selection criteria (stage and other factors)
   - Documentation and verification that the patient was informed of the range of therapy choices, including risks and benefits
   - Documentation of the specific reasons why SBRT was the treatment of choice for the specific patient

EXCEPTION to conditions 1-3:

- Any lesion with a documented necessity to treat using a high dose per fraction of radiation. When using high radiation doses per fraction, high precision is required to avoid surrounding normal tissue exposure;
- Lesions which have received previous radiotherapy or are immediately adjacent to previously irradiated fields, where the additional precision of stereotactic radiotherapy is required to avoid unacceptable tissue radiation and this necessity is documented in the medical record

SRS is considered an appropriate medical treatment for any of the following conditions:

1. Primary and recurrent gliomas less than 4 cm in diameter
2. Small meningiomas (< 4 cm in diameter in all dimensions) which are non-resectable, residual or recurrent
3. Acoustic neuromas
4. Chordomas
5. Craniopharyngiomas
6. Epilepsy
7. Hepatic and pancreatic tumors
8. Inoperable arteriovenous malformations (AVMs) of the brain which are 5 cm or less in greatest dimension
9. Malignancies of nasopharyngeal or para-sinus
10. Mediastinal tumors
11. Ocular melanomas
12. Oligodendrogliomas
13. Paragangliomas
14. Pineal tumors and adenomas
15. Pituitary adenomas
16. Other primary malignancies of the central nervous system
17. Pulmonary tumors
18. Retroperitoneal metastases
19. Schwannomas
20. Secondary malignant neoplasm of nervous system
21. Trigeminal Neuralgia/ Tic Doulouriex

Limitations

Limitations of SBRT in any of the following:

1. Only FDA approved devices can be utilized for treatments.
2. **Any course of radiation treatment extending beyond five fractions is not considered SBRT and is should not be billed as such.**

3. SBRT Delivery - Only one delivery code is to be billed. It is not appropriate to bill more than one treatment delivery code on the same day of service, even though some types of delivery may have elements of several modalities (for example, a stereotactic approach with IMRT).
4. 77435 (Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions) is only to be billed once per course of treatment of SBRT.
5. The following codes are only to be billed once per day of treatment regardless of the number of sessions or lesions:
    - 77373 (Stereotactic body radiation therapy, treatment delivery per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions)
    - G0339 (Image-guided robotic linear accelerator based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment)
    - G0340 (Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment)

EXCLUSIONS- SBRT is not medically necessary and therefore not covered for the following:

- Lesions of bone, breast, uterus, ovary and other internal organs not indicated in this policy are not covered for primary definitive SBRT. Literature does not support an outcome advantage over other conventional radiation modalities, but may be appropriate for SBRT in the setting of recurrence after conventional radiation modalities, or for cancers that are medically inoperable.
- Treatment that is unlikely to result in clinical cancer control and/or functional improvement.
- Treatment of patients with wide-spread cerebral or extra-cranial metastases, unlikely to obtain clinical benefit from SBRT.
- Treatment of patients with poor performance status (Karnofsky Performance Status less than 40 or ECOG Performance Status greater than 3)

Limitations of SRS in any of the following:

1. Only FDA approved devices can be utilized for treatments.

2. **EXCLUSIONS -** SRS is not medically necessary and therefore not covered for the following:
    - For large, expansive radiation fields or in cases where multiple treatments and/or fields are involved
    - Tumors, lesions and tissues that can be accessed by conventional, invasive methods
    - Treatment of chronic pain
    - Intractable pain (except tic douloureux/trigeminal neuralgia)
    - Psychosis/Neuroses
    - Stereotactic cingulotomy
    - Movement disorders such as Parkinson's Disease, essential tremor or other disabling tremor

Background

Stereotactic Body Radiation Therapy (SBRT) is defined by The Centers for Medicare and Medicaid Services (CMS) as a treatment that couples a high degree of anatomic targeting accuracy and reproducibility with very high doses of extremely precise, externally generated, ionizing radiation, thereby maximizing the cell-killing effect on the target(s) while minimizing radiation-related injury in adjacent normal tissues. SBRT is limited to five sessions (fractions) because it is intended to maximize the potency of the radiotherapy in an accelerated timeframe. CMS states that each fraction should be performed with at least one form of image guidance to confirm proper patient positioning and tumor localization prior to delivery of each fraction.

Stereotactic Radiosurgery (SRS) is a type of radiation therapy that transmits high doses of ionizing radiation to small intracranial targets. SRS combines advanced imaging technology with external beam radiation to treat lesions such as tumors or arteriovenous malformations (AVMs). According to CMS, the technique differs from conventional radiotherapy by delivering highly focused convergent beams in a single session rather than exposing large areas of tissue to several sessions of radiation. SRS couples this anatomic accuracy and reproducibility with very high doses of highly precise, externally generated, ionizing radiation; thereby maximizing the ablative effect on the target(s) while minimizing collateral damage to adjacent tissues. Commonly used types of radiation used in SRS include The Gamma Knife (gamma rays), LINAC (x-ray beams produced by a linear accelerator), and charged particle irradiation.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
61781	Stereotactic computer-assisted (navigational) procedure; cranial intradural
61782	Stereotactic computer-assisted (navigational) procedure; cranial extradural
61783	Stereotactic computer-assisted (navigational) procedure; spinal
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion.
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple.
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion.
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear. accelerator); each additional cranial lesion, complex.
61800	Application of stereotactic head frame for stereotactic radiosurgery.
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion.
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion.
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting of 1 session; multi-source Cobalt 60 based.
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesions(s) consisting of 1 session; linear accelerator based.
77373	Stereotactic body radiation therapy, treatment delivery per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions.
77432	Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session).
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions.

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HCPCS codes covered if selection criteria are met (If Appropriate):	
G0339	Image-guided robotic linear accelerator based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment.
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of.
ICD-10 codes not covered (Contraindications) (not all-inclusive):	
F01.50-F99	Mental, behavioral, and neurodevelopmental disorders
G20-G26	Parkinson's, extrapyramidal and movement disorders
M40.00-M43.9	Deforming dorsopathies
M50.00-M54.9	Other dorsopathies
M70.031-M79.9	Other soft tissue disorders

References

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