

Medical Coverage Policy | Stereotactic Body Radiation Therapy



EFFECTIVE DATE: 10|01|2025

POLICY LAST REVIEWED: 07|16|2025

OVERVIEW

Stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT) are 3-dimensional conformal radiotherapy methods that deliver highly focused, convergent radiotherapy beams on a target that is defined with 3-dimensional imaging techniques with ability to spare adjacent radiosensitive structures. SRS primarily refers to such radiotherapy applied to intracranial lesions and SBRT refers to therapy sometimes applied to intracranial as well as other areas of the body. This policy is applicable to SBRT only; SRS is a covered service.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Effective 10/1/2025, Stereotactic Body Radiation Therapy (SBRT) is covered for both Medicare Advantage Plans and Commercial Products.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for the applicable radiation therapy benefits/coverage.

BACKGROUND

Not applicable

CODING

Medicare Advantage Plans and Commercial Products

The following CPT code(s) are covered for Medicare Advantage Plans and Commercial Products and prior authorization is not required:

Two to Five (2-5) Fractions:

Cranial SBRT-Stereotactic body radiation therapy

Note: This code is used for cranial although the code description is not specific to cranial

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

One to Five (1-5) Fractions:

Spinal SBRT Stereotactic body therapy

32701 Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment

77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

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

RELATED POLICIES

Non-Reimbursable Health Service Codes

PUBLISHED

Provider Update, September 2025
Provider Update, April 2025
Provider Update, December 2024
Provider Update, October 2023
Provider Update, November 2022

REFERENCES

Not applicable

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