

Medical Coverage Policies

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Cranial Stereotactic Radiosurgery (i.e. Gamma Knife)

EFFECTIVE DATE	08/24/1994	LAST UPDATED	06/15/2006
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Description:

Stereotactic radiosurgery involves the delivery of a single high dose of radiation to usually a small defined volume of tissue. Fractionated stereotactic radiotherapy delivers a prescribed dose of radiation in a series of small doses over multiple treatments to frequently larger and/or multiple sites. The target is localized by stereotactic methods and treatment is delivered by radiation beams over multiple arcs and planes or by use of static fields. This allows otherwise inaccessible areas to be treated and vital parts of the brain and normal tissue to be spared as dose specifications (isocenter and target volume) can be made.

Medical Criteria:

Coverage is approved under the following circumstances, for the following diagnoses, with or without surgery or external beam radiation therapy:

Meningioma: new or recurrent/residual lesions. Lesions 4 cm should be considered for surgical debulking whenever the patient is clinically able in an effort to minimize potential radiation-related side effects of treating a larger volume.

Glioblastoma/Anaplastic Astrocytoma/Malignant Glioma: As part of the upfront boost therapy for tumors <4 cm in size when combined with external beam radiation therapy, with or without decompressivetherapy. As boost therapy for recurrent/residual tumors < 4 cm. in size after initial external beam radiation therapy with or without decompressive surgery in patients that meet the clinical factors written above.

Acoustic neuroma(Vestibular Schwannoma): new or recurrent/residual lesions. Lesions 4 cm. should be considered for surgical debulking whenever the patient is clinically able in an effort to minimize potential radiation-related side effects of treating a larger volume.

Arterio-venous Malformation: lesions with average diameter 3 cm, new or residual lesions. Lesions > 3 cm. should be considered for at least partial resection or embolization in an effort to minimize potential radiation-related side effects of treating a larger volume.

Pituitary Adenoma and Pineal Tumors: new or recurrent/residual lesions. Lesions 4 cm. should be considered for surgical debulking whenever the patient is clinically able in an effort to minimize potential radiation-related side effects of treating a larger volume.

Brain metastasis: new or recurrent/residual, single or multiple brain metastases with individual lesions measuring less than or equal to 3 cm in patients with stable systemic disease that meet the clinical factors written above. Treating patients with multiple metastases usually should be combined with external beam fractionated radiation therapy.

Astrocytoma or Other Non-malignant Glioma: fairly well circumscribed lesions on MRI less than or equal to 3 cm, new or recurrent/residual lesions in patients that meet the clinical factors written above. Tumors > 3 cm should be surgically debulked prior to GKR in an effort to minimize potential radiation-related side effects of treating a larger volume.

Cavernous Angiomas: symptomatic new or residual lesions within the brainstem or diencephalonthat present with at least two prior hemorrhages. Similar symptomatic lesion or lesions presenting with seizures within the cerebral hemispheres should be surgically resected whenever possible. GKR treatment is not well established for these latter lesions.

Trigeminal Neuralgia: Disabling symptomatology in trigeminal neuralgia which have become refractory to medical management

Disabling symptomatology in Parkinson's Disease (not including Pallidotomy) **For BLueCHiP for Medicare members only**

Choroidal (Uveal) Melanomas: new or recurrent/residual lesions.

Primary or secondary tumors of the skull base or nasopharyngeal malignancies **For BLueCHiP for Medicare members only**

Primary central nervous system malignancies, generally under 4 cm

Policy:

Stereotactic radiosurgery is covered for the above indications. It is considered not medically necessary for any other condition. Please note that disabling symptomatology in Parkinson's Disease and primary or secondary tumors of the skull base or nasopharyngeal malignancies are **covered** indications for **BlueCHiP for Medicare members only**.

Coding:

61793: Stereotactic radiosurgery

References:

BlueCross BlueShield Association. Medical Policy Reference Manual. (2:2005). Stereotactic radiosurgery of CNS lesions (6.01.10). Retrieved August 11, 2005 from BlueWeb.

Local Medicare Policy (Rhode Island), Stereotactic Radiosurgery, 8/2/2004

Shaw, E. G., Gaspar, L. E., Gibbs, F. A., Lewin, A. A., Wharam, M. D., Larson, D., et al., (2000, June). Multiple brain metastases. American College of Radiology. ACR Appropriateness Criteria. Radiology, 215 (Suppl), 1121-1128.

The Technology Evaluation Center. (1998, January). Stereotacticradiosurgeryfor functional disorders (Vol. 12, No. 24). Chicago: BlueCross BlueShield Association.

The Technology Evaluation Center. (1999, March). Special report: SRS for intracranial lesions by gamma beam, linear accelerator, and proton beam methods (Vol.13, No. 28). Chicago: BlueCross BlueShield Association.

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