Medical Coverage Policy

Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy (SBRT)

☐ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☐ Test ☐ Other

Effective Date: 9/1/2009  Policy Last Updated: 11/1/2011

☑ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☐ Prospective review is not required.

POLICY

Description:
Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT): Non invasive treatments of high doses of focused radiation beams precisely delivered to intracranial and extracranial targets, therefore sparing adjacent tissue structures from irradiation.

Stereotactic radiosurgery (SRS):
Most commonly used to treat disorders of the head or neck (intracranial), malignancies (including primary and metastatic tumors), arteriovenous malformations (AVMs), acoustic neuromas, and other benign intracranial tumors (e.g., meningiomas or pituitary adenomas) with a single, high dose, precise delivery of radiation in a one day session. This technique differs from conventional radiotherapy, which exposing larger areas of intracranial tissue to relatively broad fields of radiation over a number of sessions. Five main methods of this technology exist: gamma-knife radiosurgery (Gamma Knife®), robotic radiosurgery system (CyberKnife®) with image-guided radiotherapy, linear-accelerator radiosurgery (LINAC), proton-beam radiosurgery, helium-ion radiosurgery, and neutron-beam radiosurgery. The latter three energy sources are collectively referred to as charged particles.

Stereotactic radiosurgery using a gamma or LINAC unit is typically covered for the following indications:
• arteriovenous malformations;
• acoustic neuromas;
• pituitary adenomas;
• non-resectable, residual, or recurrent meningiomas;
• solitary or multiple brain metastases in patients having good performance status and no active systemic disease (defined as extracranial disease that is stable or in remission);
• primary malignancies of the CNS, including but not limited to high-grade gliomas (initial treatment or treatment of recurrence);
• trigeminal neuralgia refractory to medical management;
• *Primary and recurrent gliomas less than 4 cm in diameter;
• *Small meningiomas (less than 4 cm in diameter in all dimensions) which are non-resectable, residual or recurrent;
• *Multiple or recurrent brain metastases with four (4) or fewer lesions;
• *Pituitary adenomas;
• *Certain epileptic disorders;
• *Inoperable arteriovenous malformations (AVMs) of the brain which are 5 cm or less in greatest dimension;
• Schwannomas;
• Ocular melanomas;
• Pineal tumors and adenomas;
• Paragangliomas;
• Chordomas;
• Tic douloureux;
• Trigeminal neuralgia.

*Covered conditions for Medicare members.

Investigational applications of stereotactic radiosurgery include, but are not limited to, the treatment of seizures and functional disorders other than trigeminal neuralgia, including chronic pain.

Stereotactic body radiotherapy (SBRT):
Similar in technique to intracranial stereotactic radiosurgery except that the target areas are in the body and do not include the head or neck (extracranial). SBRT delivers a single high-dose radiation delivery or, a few fractionated radiation deliveries. This fractionated form of radiotherapy is made possible by the recent availability of non-invasive repositioning devices that can be used in lieu of a head frame.

Based on clinical evidence it was found that SBRT was proven to be effective in patients with stage 1 (non-small cell lung cancer (not larger than 5 cm in diameter) showing no nodal or distant disease) who are not candidates for surgical resection because of co-morbid conditions. SBRT has also been shown to improve outcomes (reduce pain) in patients with spinal (vertebral) tumors that recur after prior radiation therapy. Data for other extra-cranial uses of SBRT are limited, and these clinical situations are still considered investigational.

Medical Criteria:

Commercial members:
Stereotactic body radiotherapy (SBRT) is considered medically necessary for the following indications:
• patients with stage T1 or T2a non-small cell lung cancer (not larger than 5 cm) showing no nodal or distant disease and who are not candidates for surgical resection;
• spinal or vertebral body tumors (metastatic or primary) in patients who have received prior radiation therapy.

BlueCHIP for Medicare** members:
Stereotactic body radiotherapy (SBRT) treatments are medically necessary for the following indications:
• Retroperitoneal metastases;
• Hepatic and Pancreatic tumors;
• Pulmonary tumors;
• Mediastinal tumors;
• Prostate neoplasm; and
• Spinal tumors.

**Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHIP for Medicare members must be offered, at least, the same services as Medicare offers.

Stereotactic Body Radiosurgery (SBRT) is considered not medically necessary for all product lines for the following indications:
• Intractable pain (except Tic douloureux and trigeminal neuralgia);
• Movement disorders such as Parkinson’s Disease, essential tremor, or other disabling tremor;
• Psychoses/Neuroses; and
• Stereotactic Cingulotomy as a means of psychosurgery.

Policy:
Stereotactic body radiosurgery (SBRT) is covered only for the medical conditions listed above.

Prior authorization is required for stereotactic body radiosurgery (SBRT) only for BlueCHIP for Medicare and recommended for all other lines of business.

Stereotactic radiosurgery (SBT) is covered and no preauthorization is required.

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

Coding:
The following CPT code for stereotactic body radiotherapy treatment delivery and management are covered for all product lines when the above medical criteria is met and requires preauthorization:
77373
77435

The following CPT codes for stereotactic radiosurgery treatment delivery and management of cranial lesions is covered for all product lines (no preauthorization required):
61796
61797
61798
61799
77371
77372
77432

The following CPT code for the attachment of head frame is covered for all product lines (no preauthorization is required):
61800

The following CPT codes for stereotactic radiosurgery of spinal lesions are covered for all product lines (no preauthorization required):
63620
63621

The following HCPCS codes are covered but not separately reimbursed as providers should file with the appropriate CPT code:
G0339
G0340

Also known as:
CyberKnife
Gamma Knife
Helium Radiosurgery
LINAC Radiosurgery
Linear Accelerator Radiosurgery
Radiosurgery, Stereotactic
Stereotactic Radiosurgery

Published
Policy Update, August 2006
References:


