Policy: Stereotactic Radiosurgery (SRS), Stereotactic Radiotherapy (SRT), and Stereotactic Body Radiation Therapy (SBRT) are techniques based on the principle that the highest doses of therapeutic radiation are deposited where ever separate beams of external radiation intersect. Unlike conventional radiation therapy, SRS, SRT, & SBRT utilize this principle to precisely focus the ionizing effects of radiation onto the desired target, leaving adjacent structures relatively unaffected and thereby reducing unwanted side-effects. Guidance for this process can be provided by a variety of imaging techniques, including angiography, computerized tomography (CT), and magnetic resonance imaging (MRI). The key to SRS, SRT, and SBRT is precise patient positioning and immobilization so that targeting is exact and, if necessary, reproducible.

Stereotactic Radiosurgery (SRS), SRT, and SBRT can be performed with a variety of tools, including a gamma knife, Cyberknife, or linear accelerator (LINAC). SRS is a distinct discipline that utilizes externally generated ionizing radiation to inactivate or eradicate (a) defined target(s) in the head and spine without the need to make an incision. The target is defined by high-resolution stereotactic imaging. To assure quality of patient care the procedure involves a multidisciplinary team consisting of a neurosurgeon, radiation oncologist, and medical physicist. SRS typically is performed in a single session, using a rigidly attached stereotactic guiding device, other immobilization technology and/or a stereotactic image-guidance system. Occasionally, in certain clinical circumstances radiation is delivered in a limited number of divided dose sessions, up to a maximum of five. This modified process is sometimes known as Stereotactic Radiotherapy (SRT). Technologies that are used to perform SRS, SRT, and SBRT include linear accelerators, particle beam accelerators, and multisource Cobalt
60 units. In order to enhance precision, various devices may incorporate robotics and real time imaging. CyberKnife is one of several technologies that may be used for stereotactic radiosurgery. There are no clear-cut indications where one delivery system is preferred over the other. Stereotactic radiation can also be utilized in extra-cranial sites. When this is done the procedure is known as Stereotactic Body Radiation Therapy (SBRT). A body frame has been designed to immobilize patients for such treatment. In addition, frameless methods of administering SBRT to the body have been developed. These frameless systems rely on skeletal landmarks or implanted markers to locate and guide the therapy beam to treatment targets within the body. Stereotactic surgery must be performed in a contracted hospital that is listed as a center of excellence through the International Radio Surgery Association and listed on the website www.irsa.org

Procedure: NOTE: Prior Authorization is NOT required.
Stereotactic radiosurgery is covered for the following conditions:
1. For treatment of members with symptomatic, small (less than 3 cm) arterio-venous (AV) malformations, aneurysms, and benign tumors (acoustic neuromas (vestibular schwannomas), meningiomas, hemangiomas, pituitary adenomas, craniohypophyseal lesions, and neoplasms of the pineal gland) if the lesion is unresectable due to its deep intracranial location or if the member is unable to tolerate conventional operative intervention
2. Trigeminal neuralgia which is refractory to conventional treatment or surgery or for a Member who is not eligible for conventional surgery due to advanced age or medical comorbidity
3. Pituitary adenoma
4. Brain tumors, including high-grade gliomas (initial treatment or treatment of recurrence);
5. Schwannoma
6. Acoustic neuroma
7. Metastatic brain lesions
   a. Well defined on imaging (MRI and/or CT)
   b. Spherical or pseudospherical in shape
   c. <4cm in diameter
   d. located at gray-white junction
   e. ≤4 lesions
8. Any extracranial disease is stable Low to intermediate risk prostate cancer (defined as no metastases or pelvic spread) where the intent is cure

Stereotactic radiosurgery is considered experimental and investigational for all other indications including:
1. Parkinson's disease and other movement disorders (e.g. tremor)
2. Epilepsy (except when associated with treatment of AV malformations or brain tumors)
3. Cluster headaches
4. Breast cancer
5. Epilepsy
6. Obsessive-compulsive disorder & psychoneurosis
7. Pancreatic cancer
8. Chronic pain

Stereotactic body radiotherapy (SBRT) is considered medically necessary if intended as a curative treatment for patients with a primary non-small cell lung cancer (NSCLC) if all of the following are met:
1. Solitary pulmonary mass less than or equal to 5 cm (Stage T1 or T2a), and
2. No regional nodal metastasis (N0) or distant metastasis (M0); and
Lesion is inoperable based solely on
   a. tumor location or
   b. comorbid medical contraindications to surgery (e.g., limited pulmonary reserve)
Stereotactic body radiotherapy (SBRT) or Stereotactic radiosurgery (SRS) is considered **medically necessary**
for palliative treatment for individuals with spinal metastases.
Stereotactic body radiotherapy (SBRT) is considered **medically necessary** in individuals who require repeat
irradiation of a field that has received prior irradiation.

**Investigational and Not Medically Necessary:**
SRS and SBRT are considered **investigational and not medically necessary** when the medically necessary
criteria listed above are not met.
All other uses of SBRT are considered **investigational and not medically necessary** including, but not limited
to, treatment of: Primary or metastatic cancers of the kidney, liver, colon and pancreas.

**Special Instructions:** N/A

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Approved by: _____________________________

Corporate Chief Operating Officer

Date: 10/20/2015

Reviewed and approved by Policy and Procedure Committee:

Date: 08/14/2015

Reviewed and approved by Medical Policy Operations Committee:

Date: 08/28/2015

Reviewed and approved by Physician Advisory Committee:

Date: 09/25/2015

Reviewed and approved by Corporate Compliance Committee:

Date: 10/20/2015

**References:**
1. ACR–ASTRO Practice Guideline for the Performance of Stereotactic Radiosurgery, revised 2011
2. International RadioSurgery Association Stereotactic Radiosurgery for Patients with Pituitary Adenomas Practice
   Guideline Report #3-04
3. International RadioSurgery Association Stereotactic Radiosurgery for Patients with Intracranial Arteriovenous
   Malformations (AVM) Radiosurgery Practice Guideline Report #2-03, Issued March 2009
4. International RadioSurgery Association Stereotactic Radiosurgery for Patients with Metastatic Brain Tumors
   Radiosurgery Practice Guideline Report #5-08, May 2008
5. International RadioSurgery Association Stereotactic Radiosurgery for Patients with Intractable Typical
   Trigeminal Neuralgia who have Failed Medical Management Radiosurgery Practice Guideline Report #1-03,
   January 2009