MASSACHUSETTS

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Medical Policy

Stereotactic Radiosurgery and Stereotactic Body Radiotherapy

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Policy Number: 277

BCBSA Reference Number: 6.01.10

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- Clinical Exception Form for Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy (SBRT), #922
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Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Stereotactic Radiosurgery (SRS) for Intracranial Lesions[1]

Primary Malignant Brain Lesions

High Grade Gliomas (grade 3-4)

Stereotactic Radiosurgery (SRS) may be considered **MEDICALLY NECESSARY** for high grade gliomas in individuals with good performance status (based on either of the following):

- ECOG 0, 1, or 2 **OR**
- Karnofsky Scale greater than or equal to 70% **AND**

When one of the following conditions is met:

- Recurrent disease **OR**
- To treat a previously irradiated field.

Low Grade Gliomas (grade 1-2)

Stereotactic Radiosurgery (SRS) may be considered **MEDICALLY NECESSARY** for low grade gliomas in individuals with good performance status (based on either of the following):

- ECOG 0, 1, or 2 **OR**
- Karnofsky Scale greater than or equal to 70% **AND**

When one of the following conditions is met:

- Initial treatment **OR**
- Recurrent disease **OR**
- To treat a previously irradiated field.

Medulloblastoma supratentorial primitive neuroectodermal tumors (PNET) Ependymoma
Stereotactic Radiosurgery (SRS) may be considered **MEDICALLY NECESSARY** for medulloblastoma, supratentorial PNET, ependymoma when the following condition is met:

- Only to treat a previously irradiated field.

CNS lymphoma
Stereotactic Radiosurgery (SRS) may be considered **MEDICALLY NECESSARY** for CNS lymphoma when the following condition is met:

- Only to treat a previously irradiated field.

Metastatic Brain Lesions
Stereotactic Radiosurgery (SRS) may be considered **MEDICALLY NECESSARY** for metastatic brain lesions when **ANY** of the following conditions are met:

- For individuals with good performance status (based on either of the following):
    - ECOG 0, 1, or 2 **OR**
    - Karnofsky Scale greater than or equal to 70%
- To treat a previously irradiated field.

Benign Brain Lesions

Intracranial arteriovenous malformations (AVMs)
Stereotactic radiosurgery (SRS) may be considered **MEDICALLY NECESSARY** for AVMs when the following condition is met:

- For treatment of intracranial arteriovenous malformations.

Pituitary adenomas
Stereotactic radiosurgery (SRS) may be considered **MEDICALLY NECESSARY** for pituitary adenomas when **ANY** of the following conditions are met:

- When individual is symptomatic **OR**
- To treat a previously irradiated field.

Meningioma
Stereotactic radiosurgery (SRS) may be considered **MEDICALLY NECESSARY** for meningioma when **ANY** of the following conditions are met:

- When lesion is unresectable or recurrent, or if there is residual disease following surgery **OR**
- To treat a previously irradiated field.

Other benign brain tumors: acoustic neuromas, craniopharyngiomas, pineal gland tumors, schwannomas
Stereotactic radiosurgery (SRS) may be considered **MEDICALLY NECESSARY** for other benign brain tumors when the following condition is met:

- For treatment of other benign brain tumors, including acoustic neuromas, craniopharyngiomas, pineal gland tumors, schwannomas
- Glomus jugulare tumors.

SRS for Ocular Lesions[1]

Uveal Melanoma

Stereotactic Radiosurgery (SRS) may be considered **MEDICALLY NECESSARY** for uveal melanoma when **ANY** of the following conditions are met:

- For treatment of melanoma of the choroid **OR**
- To treat a previously irradiated field.

SRS for Other Neurologic Conditions; Trigeminal Neuralgia[1]

Stereotactic radiosurgery (SRS) may be considered **MEDICALLY NECESSARY** for trigeminal neuralgia when **ANY** of the following conditions are met:

- When symptoms are refractory to standard medical management **OR**
- To treat a previously irradiated field.

Stereotactic radiosurgery using a gamma ray or linear-accelerator unit may be considered **MEDICALLY NECESSARY** for:
Mesial temporal lobe epilepsy refractory to medical management when standard alternative surgery is not an option

Stereotactic radiosurgery is **INVESTIGATIONAL** for other applications including, but not limited to, the treatment of functional disorders (other than trigeminal neuralgia), including chronic pain and tremor.

SRS or SBRT for Bone Metastases[1]

Stereotactic Radiosurgery (SRS) **or** Stereotactic Body Radiation Therapy (SBRT) may be considered **MEDICALLY NECESSARY** for bone metastasis when **ALL** of the following conditions are met:

- To treat a previously irradiated field
- Re-treatment with EBRT would result in significant risk of adjacent organ injury.

Note: When SRS/SBRT is being requested to treat a patient with oligometastatic disease with potentially curative intent, please refer to separate criteria in the Oligometastatic Extracranial Disease section of the policy.

SBRT for Spine Lesions; Primary or Metastatic Lesions of the Spine[1]

Stereotactic Body Radiation therapy (SBRT) may be considered **MEDICALLY NECESSARY** for spine lesions when **either** of the following conditions is met:

- When other treatment options are not available **(both must be met)**
  - Not amenable to surgical resection **(at least one must apply)**
- Related to prior surgery, tumor location, or surgical candidacy **OR**
- Surgery alone is not an option **AND**
  - When lesions are not amenable to 3D conformal techniques **OR**
- To treat a previously irradiated field.

Note: When SRS/SBRT is being requested to treat a patient with oligometastatic disease with potentially curative intent, please refer to separate criteria in the Oligometastatic Extracranial Disease section of the policy.

SBRT for Prostate Cancer[1]

Low risk of recurrence*

Stereotactic Body Radiation Therapy (SBRT) may be considered **MEDICALLY NECESSARY** for prostate cancer when **ANY** of the following conditions are met:

- When anticipated survival is greater than 10 years **OR**
- To treat a previously irradiated field.

Intermediate risk of recurrence*

Stereotactic Body Radiation Therapy (SBRT) may be considered **MEDICALLY NECESSARY** for prostate cancer when the following condition is met:

- When anticipated survival is greater than 10 years **OR**
- To treat a previously irradiated field.

High risk of recurrence*
Stereotactic Body Radiation Therapy (SBRT) may be considered **MEDICALLY NECESSARY** for prostate cancer when the following condition is met:
- Only to treat a previously irradiated field.

Post-prostatectomy*
Stereotactic Body Radiation Therapy (SBRT) may be considered **MEDICALLY NECESSARY** for prostate cancer when the following condition is met:
- Only to treat a previously irradiated field.

Local recurrence*
Stereotactic Body Radiation Therapy (SBRT) may be considered **MEDICALLY NECESSARY** for prostate cancer when the following condition is met:
- Only to treat a previously irradiated field.

Disease Definitions
***Low-risk of recurrence (ALL must be present to qualify as low risk)**
- Stage T1-T2a **AND**
- Gleason score of 6 **AND**
- Prostate-specific antigen (PSA) below 10 ng/mL.

***Intermediate-risk of recurrence (ANY one characteristic)**
- Stage T2b to T2c **OR**
- Gleason score of 7 **OR**
- PSA 10-20 ng/mL.

***High-risk of recurrence (ANY one characteristic)**
- Stage T3a **OR**
- Gleason score 8-10 **OR**
- PSA greater than 20 ng/mL.

***Localized disease**
- T stage of T1-3a (tumor has spread through the capsule on one or both sides but has not invaded the seminal vesicles or other structures) **AND**
- N0 (no lymph node involvement).

SBRT for Pancreatic Cancer[1]
Stereotactic Body Radiation Therapy (SBRT) may be considered **MEDICALLY NECESSARY** for pancreatic cancer when **EITHER** of the following conditions is met:
- To treat locally advanced or recurrent disease without evidence of distant metastasis **OR**
- To treat a previously irradiated field.

SBRT for Extracranial Oligometastatic Disease[1]
Stereotactic Body Radiation Therapy (SBRT) may be considered **MEDICALLY NECESSARY** for extracranial oligometastatic disease when **ALL** of the following conditions are met:
- One (1) to three (3) metastatic lesions involving the lungs, liver, or bone **AND**
- Primary tumor is breast, colorectal, melanoma, non-small cell lung, prostate, renal cell, or sarcoma **AND**
- Primary tumor is controlled **AND**
- No prior history of metastatic disease **AND**
- Good performance status
    - ECOG 0, 1, or 2 **OR**

- Karnofsky Scale greater than or equal to 70%.

Stereotactic Body Radiation Therapy (SBRT) and Stereotactic Radiosurgery (SRS) are **INVESTIGATIONAL** for other conditions except as outlined in the policy statements above.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is **not required.**
Commercial PPO and Indemnity	Prior authorization is **not required.**

When stereotactic radiosurgery or Stereotactic Body Radiation Therapy (SBRT) are performed using fractionation for the medically necessary indications described above, it may be considered **MEDICALLY NECESSARY**.**

**Fractionated SRS refers to SRS or SBRT performed more than once on a specific site.
SRS is most often single-fraction treatment; however, multiple fractions may be necessary when lesions are near critical structures.
SBRT is commonly delivered over 3 to 5 fractions.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

CPT codes:	Code Description
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 headframe for stereotactic radiosurgery
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based

77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

HCPCS Codes

HCPCS codes:	Code Description
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 5 sessions per course of treatment

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT and/or HCPCS codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	**Code Description**
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C70.0	Malignant neoplasm of cerebral meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.20	Malignant neoplasm of unspecified olfactory nerve
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.30	Malignant neoplasm of unspecified optic nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.40	Malignant neoplasm of unspecified acoustic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.59	Malignant neoplasm of other cranial nerves
C72.9	Malignant neoplasm of central nervous system, unspecified
C75.1	Malignant neoplasm of pituitary gland

C75.2	Malignant neoplasm of craniopharyngeal duct
C75.5	Malignant neoplasm of aortic body and other paraganglia
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
D32.0	Benign neoplasm of cerebral meninges
D32.9	Benign neoplasm of meninges, unspecified
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.2	Benign neoplasm of brain, unspecified
D33.3	Benign neoplasm of cranial nerves
D33.7	Benign neoplasm of other specified parts of central nervous system
D33.9	Benign neoplasm of central nervous system, unspecified
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.9	Neoplasm of uncertain behavior of meninges, unspecified
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia
D49.6	Neoplasm of unspecified behavior of brain
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
G50.0	Trigeminal neuralgia
G93.81	Temporal sclerosis
Q28.2	Arteriovenous malformation of cerebral vessels
Q28.3	Other malformations of cerebral vessels

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	**Code Description**
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

HCPCS Codes

HCPCS codes:	**Code Description**
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 5 sessions per course of treatment

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT and/or HCPCS codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
C41.2	Malignant neoplasm of vertebral column
C70.1	Malignant neoplasm of spinal meninges
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.9	Malignant neoplasm of central nervous system, unspecified
D32.1	Benign neoplasm of spinal meninges
D33.4	Benign neoplasm of spinal cord
D33.7	Benign neoplasm of other specified parts of central nervous system
D33.9	Benign Neoplasm of Central Nervous System, Unspecified
D42.1	Neoplasm of uncertain behavior of spinal meninges
D43.4	Neoplasm of uncertain behavior of spinal cord

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

CPT codes:	Code Description
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 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

HCPCS Codes

HCPCS codes:	Code Description
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 5 sessions per course of treatment

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT and/or HCPCS codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
C18.0	Malignant neoplasm of cecum

C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C22.0	Liver cell carcinoma
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb

C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.8	Malignant melanoma of overlapping sites of skin
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast

C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C61	Malignant neoplasm of prostate

C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Malignant neoplasm of urinary organ, unspecified
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C70.1	Malignant neoplasm of spinal meninges
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.9	Malignant neoplasm of central nervous system, unspecified
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.09	Secondary malignant neoplasm of left kidney and renal pelvis
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary Malignant Neoplasm of Unspecified Part of Nervous System
C79.49	Secondary Malignant Neoplasm of Other Parts of Nervous System
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.81	Secondary malignant neoplasm of breast
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum

C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C96.4	Sarcoma of dendritic cells (accessory cells)
D02.20	Carcinoma in situ of unspecified bronchus and lung
D02.21	Carcinoma in situ of right bronchus and lung
D02.22	Carcinoma in situ of left bronchus and lung
D32.1	Benign neoplasm of spinal meninges
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.2	Benign neoplasm of brain, unspecified
D33.4	Benign neoplasm of spinal cord
D33.7	Benign Neoplasm of Other Specified Parts of Central Nervous System
D33.9	Benign Neoplasm of Central Nervous System, Unspecified
D35.2	Benign neoplasm of pituitary gland
D35.4	Benign neoplasm of pineal gland
D42.1	Neoplasm of Uncertain Behavior of Spinal meninges
D42.9	Neoplasm of Uncertain Behavior Of meninges, Unspecified
D43.4	Neoplasm of uncertain behavior of spinal cord
G50.0	Trigeminal neuralgia
Q28.2	Arteriovenous malformation of cerebral vessels

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is **not required**.
Commercial PPO and Indemnity	Prior authorization is **not required**.
Medicare HMO Blue℠	Prior authorization is **not required**.
Medicare PPO Blue℠	Prior authorization is **not required**.

Description

Conformal Radiotherapy

Stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT) are techniques that use highly focused, conformal radiation beams to treat both neoplastic and non-neoplastic conditions. Although SRS and SBRT may be completed with one session (single-fraction), SRS typically refers to a single-session procedure to ablate the target lesion. However, either technique may require additional sessions (typically not >5) over a course of days, referred to as fractionated radiotherapy.

Platforms available for SRS and SBRT are distinguished by their source of radiation; they include gamma radiation from cobalt 60 sources; high-energy photons from linear accelerator (LINAC) systems; and particle beams (eg, protons). Particle beam therapy is not covered in this evidence review.

SRS and SBRT have been used for a range of malignant and nonmalignant conditions. A comprehensive assessment that encompasses all potential uses is beyond the scope of this evidence review. Thus, a brief introduction follows for common applications of SRS and SBRT for which published evidence has been identified in database searches.

Summary

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 the ability to spare adjacent radiosensitive structures. SRS primarily refers to such radiotherapy applied to intracranial lesions. SBRT refers to therapy generally applied to other areas of the body. Both techniques differ from conventional external-beam radiotherapy, which involves exposing large areas of tissue to relatively broad fields of radiation over multiple sessions. The following conclusions are based on a review of the evidence, including, but not limited to, published evidence and clinical expert opinion solicited via BCBSA's Clinical Input Process.

Stereotactic Radiosurgery

For individuals who have non-neoplastic intracranial conditions (eg, arteriovenous malformations, trigeminal neuralgia), non-neoplastic neurologic conditions (eg, epilepsy, tremor and movement disorders, chronic pain), benign neoplastic intracranial lesion(s) (eg, acoustic neuromas, pituitary adenoma, meningiomas, craniopharyngioma, glomus jugulare tumors), and malignant neoplastic intracranial lesion(s) (eg, gliomas, astrocytomas, brain metastases), or uveal melanoma who receive SRS, the evidence includes randomized controlled trials (RCTs), nonrandomized retrospective cohort studies, and observational studies or case series. The relevant outcomes are overall survival (OS), symptoms, and treatment-related morbidity. General limitations of the body of evidence include a lack of trials that directly compare SRS with comparators, patient heterogeneity within and between studies, and failure to use standardized methods to collect and report outcomes (benefits and harms). There are several contextual factors to consider, such as SRS offers a noninvasive, highly precise radiotherapy alternative to surgery (particularly important for patients unable to undergo resection due to the presence of underlying comorbidities), intracranial lesions often are difficult to access surgically (and may be associated with a high-risk for devastating adverse sequelae), intracranial lesions typically are located adjacent to vital organs and structures that are highly susceptible to radiation toxicities, and the accuracy and precision of SRS in this context make this technique a viable alternative to standard, nonconformal external-beam radiotherapy. Finally, given the rarity of many of the conditions under review, direct comparative trials are unlikely.

The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome for patients with:

- arteriovenous malformations;
- trigeminal neuralgia refractory to medical management;
- acoustic neuromas;
- pituitary adenomas;
- nonresectable residual or recurrent meningiomas;
- malignant neoplastic intracranial lesion(s) (eg, gliomas, astrocytomas); and
- solitary or multiple brain metastases.

For individuals with epilepsy (primary or secondary tumor-related), the evidence for the use of SRS as a treatment for epilepsy includes case reports in primary epileptic disorders and case reports for tumor-related epilepsy. The relevant outcomes are symptoms and treatment-related morbidity. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with mesial temporal lobe epilepsy refractory to medical management, the published evidence for the use of SRS includes a pilot prospective noncomparative intervention and a single RCT comparing SRS to anterior temporal lobectomy (ATL). The relevant outcomes are symptoms and treatment-related morbidity. The RCT did not meet participant accrual targets and, thus, did not demonstrate the noninferiority of SRS to ATL. Seizure remission rates between 25 and 36 months were reported on a total of 58 patients (31 in SRS arm and 27 in ATL arm). Seizure remission rates suggest that ATL (78%) has an advantage over SRS (52%) in terms of proportion with seizure remission. The published evidence for SRS in mesial temporal lobe epilepsy is insufficient. However, in 2018, clinical expert opinion input reported the less-invasive nature of SRS with acceptable seizure remission rates over time may be appropriate for the specific subpopulation of patients with mesial temporal epilepsy refractory to medical management when the standard alternative treatments are not an option. Thus, for

this specific subpopulation, SRS would provide a clinically meaningful improvement in net health outcome. The evidence is sufficient to determine the impact of the technology results in a meaningful improvement in the net health outcome.

For individuals with tremor and movement disorder, the evidence related to the use of SRS includes a systematic review and uncontrolled cohort studies, many of which reported outcomes from the treatment of tremors of varying etiologies. There is a retrospective analysis of a single-center experience. The relevant outcomes are symptoms and treatment-related morbidity. Most studies report improvements in standardized tremor scores, although few studies used a blinded evaluation of tremor score, allowing for bias in assessment. No studies comparing SRS with alternative methods of treatment or a control group were identified. Limited long-term follow-up is available, making the long-term risk-benefit ratio of an invasive therapy uncertain. Clinical expert opinion input reported systematic reviews of retrospective studies that reported a reduction in tremors after SRS but confirmed that alternative approaches to thalamotomy are appropriate. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with chronic pain syndromes refractory to standard medical and psychological treatments, the evidence includes a systematic review of noncomparative studies. The relevant outcomes are symptoms and treatment-related morbidity. Clinical expert opinion input reported that intracranial SRS for treatment of chronic pain (other than associated with trigeminal neuralgia) was not an appropriate alternative to other surgical interventions. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals in the subgroup of uncommon benign neoplastic intracranial lesions (acoustic neuroma, pituitary adenoma, craniopharyngioma, and glomus jugulare tumors) the published evidence for the use of SRS remains limited to systematic reviews of nonrandomized observational studies, other nonrandomized observational studies, and case series. The relevant outcomes are symptoms and treatment-related morbidity. These reports would suggest that long-term outcomes of fractionated radiosurgery for these benign neoplasms are associated with good local control and, acceptable treatment-related side effects. The likelihood of high-quality systematically acquired evidence is low due to the rarity of the conditions and the published evidence is insufficient to determine the effects of the technology on health outcomes. However, in 2018, clinical expert opinion input continues to support an individualized approach to the use of SRS for these tumors with the recognition that outcomes are affected by factors such as the location of the tumor and type of SRS used (hypofractionated, fractionated or single-session treatment). Thus, for the subpopulation of patients with uncommon benign neoplastic intracranial tumors (acoustic neuroma, pituitary adenoma craniopharyngioma, and glomus jugulare tumors), SRS would provide a clinically meaningful improvement in net health outcome. The evidence is sufficient to determine the impact of the technology results in a meaningful improvement in the net health outcome.

For individuals with uveal melanoma, evidence for use of SRS is limited to case series. The relevant outcomes are OS survival, symptoms, and treatment-related morbidity. The published literature is insufficient to demonstrate improved outcomes with SRS over other accepted radiation modalities in the treatment of uveal melanoma. The condition is rare with poor clinical outcomes and treatment options. There are currently no active clinical trials to evaluate SRS to treat uveal melanoma and, therefore, there are limited prospects for accumulating additional high-quality data. In 2018, clinical expert opinion input reported that the use of SRS to treat uveal melanoma could provide patients with low-risk disease (based on tumor size using the Collaborative Ocular Melanoma Study definition of small and medium) an option to avoid or postpone enucleation with preservation of some visual acuity and functional abilities. Thus, for individuals with uveal melanoma, SRS would provide a clinically meaningful improvement in net health outcome. The evidence is sufficient to determine the impact of the technology results in a meaningful improvement in the net health outcome.

Stereotactic Body Radiotherapy

For individuals with primary and metastatic spinal or vertebral body tumors who have received prior radiotherapy who are treated with SBRT, the observational literature primarily addresses metastases that

recur after prior radiotherapy. The relevant outcomes are OS survival, symptoms, and treatment-related morbidity. Repeat administration of conventional radiation therapy increases the risk of treatment-related myelopathies. Nonrandomized study results are sufficient to determine that SBRT improves outcomes (reduce pain) in patients with spinal (vertebral) tumors. In addition, in 2018, clinical expert opinion input reported that SBRT is an important treatment option for patients whose spinal tumors have had prior radiotherapy because of the ability to spare the spinal cord and escalate tumor dose. Thus, for individuals with primary or metastatic spinal or vertebral body tumors in patients who have received prior spinal radiotherapy, SBRT would provide a clinically meaningful improvement in net health outcome. The evidence is sufficient to determine the impact of the technology results in a meaningful improvement in the net health outcome.

For individuals with non-small cell lung cancer there is no direct comparative evidence for the use of SBRT compared to surgical resection in patients with stage T1 and T2a without the nodal or distant disease. The relevant outcomes are OS survival, symptoms, and treatment-related morbidity. The published evidence is insufficient to determine the effect on net health outcomes. However, observational data and safety and efficacy results of an Australian randomized phase III trial of SBRT for patients with early-stage lung cancer (reported in abstract form) indicate that survival rates may be similar for these patients and those who are not candidates for surgical resection because of comorbid conditions. In 2018, clinical expert opinion input continued to support that SBRT is an important treatment option for patients who are poor surgical candidates or who do not wish to undergo surgery. Thus, for this specific subpopulation, SBRT would provide a clinically meaningful improvement in net health outcome. The evidence is sufficient to determine the impact of the technology results in a meaningful improvement in the net health outcome.

For individuals with primary hepatocellular carcinoma, there are no RCTs reported on the use of SBRT for hepatocellular carcinoma. The relevant outcomes are OS survival, symptoms, and treatment-related morbidity. Studies have used heterogeneous treatment schedules, treatment planning techniques, patient populations, and outcome measures. The optimal dose and fractionation scheme are unknown. Although promising local control rates of 71% to 100% at 1 year have been reported, there is only retrospective study reporting on the use of SBRT in conjunction with or as an alternative to established treatment modalities, including systemic therapy, radiofrequency ablation, and transarterial chemoembolization. Similar short-term lesion-control rates have been reported for metastatic liver disease. Palliative treatment, including for larger lesions (>3 cm), has also been reported. The use of SBRT, either alone or in conjunction with other liver-directed therapies, is emerging as a bridge to transplant. Overall, the evidence from published literature is insufficient to determine the effect on net health outcomes. However, clinical expert opinion input confirmed the lack of RCTs and reported on nonrandomized observational studies that support the use of SBRT as an alternative locoregional treatment for patients with inoperable primary hepatocellular carcinoma or metastatic lesions. Clinical input also referred to national guidelines that have rendered the same recommendation. Thus, for this specific subpopulation including primary or metastatic tumor of the liver that is considered inoperable, SBRT would provide a clinically meaningful improvement in net health outcomes. The evidence is sufficient to determine the impact of the technology results in a meaningful improvement in the net health outcome.

SBRT for Prostate Cancer

SBRT for prostate cancer is an emerging modality. This technology delivers a high biologic dose of radiation over a short period of time. The hypofraction associated with SBRT shortens the treatment time to five visits, compared to the 7 to 9 weeks typically required for IMRT. This shortened treatment time is (one week vs 8 to 9 weeks) is appreciated by individuals. The key outcomes include both tumor control and toxicity, primarily focusing on acute and chronic rectal and genitourinary complications. While there have been no controlled studies directly comparing SBRT and alternative techniques of conformal therapy (for example, IMRT) many prospective case series and retrospective cohort studies of subjects with localized low-risk and intermediate-risk prostate cancer and prolonged life expectancies have consistently reported that SBRT is associated with an acceptable toxicity profile and tumor control that is comparable to other radiation techniques. As with other treatments for prostate cancer, it is unlikely that randomized comparisons will be performed. Published studies to date include single institution reports,

multi-institutional phase I/II studies looking at dose and systematic reviews. Hannan has recently published five-year results of a prospective phase I/II trial of SBRT in 91 low-risk to intermediate-risk patients. About two-thirds of the patients had intermediate-risk disease. Doses of 45-50 Gy in five fractions were given. The five-year freedom from biochemical failure was 98.6%. Grade 3 or greater late urinary and gastrointestinal toxicities were 5.5% and 7%, respectively. The highest rates of toxicity were seen in the 50 Gy cohort and the authors recommend against this dose. At the lower doses, toxicities are similar to that seen in dose-escalated IMRT. The most recent systematic review of SBRT for prostate cancer looked at 1,472 patients in 14 studies. The most common fractionation ranged from 35-36.25 Gy in five fractions. Most of these reports were for patients treated with Cyberknife. Biochemical progression-free survival ranged from 81%-100%. Acute and late grade 3 urinary and gastrointestinal toxicities ranged from 0-0.5% (acute) to 0.5%-1.3% (late). In May 2013, ASTRO updated its Model Policy for SBRT and states "It is ASTRO's opinion that data supporting the use of SBRT for prostate cancer have matured to a point where SBRT could be considered an appropriate alternative for select patients with low to intermediate risk disease."

SBRT for Pancreatic Cancer
Initial experience with single fraction SBRT for unresectable pancreatic cancer resulted in favorable local control rates but high rates of late gastrointestinal complications. Subsequent studies using fractionated SBRT have shown lower rates of late toxicity. A recent retrospective review of locally advanced pancreatic cancer cases in the National Cancer Database (NCDB) compared outcomes between 7,819 patients treated with conventional radiation with outcomes in 631 patients treated with SBRT. Two-year overall survival was 16.3% with conventional radiation versus 20.3% in patients treated with SBRT ($p<0.001$). This benefit was maintained in the propensity matched analysis. Another retrospective study compared outcomes in the NCDB between chemo alone, chemo plus EBRT, chemo plus IMRT and chemo plus SBRT. Median overall survival results were 9.9 months, 10.9 months, 12 months and 13.9 months respectively. For the match propensity cohort, overall survival was superior with SBRT versus chemotherapy alone ($p<0.018$). SBRT is considered medically necessary for the treatment of locally advanced, non-metastatic adenocarcinoma of the pancreas.

For individuals with renal cell carcinoma (RCC), the evidence for the use of SBRT consists of small case series, a systematic review of case series and retrospective reviews. The relevant outcomes are OS survival, symptoms, and treatment-related morbidity. Generally, high rates of local control have been reported for primary RCC. Adverse effects include nephron loss and kidney shrinkage, however, avoidance of nephrectomy in patients with hypertension or solitary kidney may be desirable. RCC is considered to be relatively radioresistant. Case series have reported good local control in patients with spinal metastases. There are no RCTs that have evaluated SBRT for primary RCC or metastatic lesions to the brain or spine that permit comparisons between SBRT and currently established treatment modalities for RCC. The published evidence is insufficient to determine that the impact of the technology results in an improvement in the net health outcome. Limited clinical expert opinion input reported that SBRT may be appropriate for patients with primary RCC who are not good surgical candidates and, for relapsed or stage IV disease referred to guideline-based recommendations. Thus, for this specific subpopulation, SBRT would provide a clinically meaningful improvement in net health outcome. The evidence is sufficient to determine the impact of the technology results in a meaningful improvement in the net health outcome.

For individuals with <u>oligometastatic disease</u>, the evidence for the use of SBRT for the management of oligometastases at multiple sites, including the lungs, adrenal glands, and bones (other than spine or vertebral body) consists of relatively small, noncomparative studies that confirm clinically important rates of local control. The relevant outcomes are OS survival, symptoms, and treatment-related morbidity. Systemic therapy is most frequently the preferred therapy for patients with metastatic disease of these selected tumor types. The published evidence is insufficient to determine that the technology results in a meaningful improvement in the net health outcome. Limited clinical expert opinion input reported that given the emergence of highly effective systemic therapies; SBRT used to treat oligo progression maintains the patient on the same line of systemic therapy, delaying the need for another line of therapy that is likely to be less effective. Clinical input also reported that SBRT may represent the singular option for some patients with oligometastatic disease that includes one or both adrenal glands in

patients who are poor surgical and radiofrequency ablation candidates. Thus, for this specific subpopulation, SBRT would provide a clinically meaningful improvement in net health outcome. The evidence is sufficient to determine the impact of the technology results in a meaningful improvement in the net health outcome.

Policy History

Date	Action
1/2021	SBRT: New medically necessary indications and criteria described for: pancreatic cancer, prostate cancer, spine lesions; primary or metastatic lesions of the spine, and extracranial oligometastatic disease based on expert opinion. SBRT clinical exception form #922 retired. Effective 1/1/2021. SRS: New medically necessary indications and criteria described for: intracranial lesions, ocular lesions, and other neurologic conditions; trigeminal neuralgia. Effective 1/1/2021. SRS or SBRT: New medically necessary indications and criteria described for: bone metastases. Clarified coding information. Effective 1/1/2021. Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
1/2020	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
6/2019	BCBSA National medical policy review. New medically necessary indications described. Investigational statements revised. Clarified coding information. Effective 6/1/2019.
2/2019	Clarified coding language
12/2017	BCBSA National medical policy review. Medically necessary criteria clarified.
11/2016	SBRT Clinical Exception Form for Prostate Cancer clarified.
11/2015	New references added from BCBSA National medical policy.
2/2015	BCBSA National medical policy review. New investigational indications described. Clarified coding information. Effective 2/1/2015.
1/2015	Clarified coding information.
8/2014	Clinical exception clarified.
7/2014	Clinical exception clarified. Coding information clarified.
5/2014	Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.
3/2014	BCBSA National medical policy review. New investigational indications described. Effective 3/2014.
1/2014	Coding information clarified.
2/2013	BCBSA National medical policy review. Changes to policy statement. Effective 2/4/2013.
1/2013	Updated to add new CPT code 32701.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
7/2011	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
1/2011	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
6/2010	BCBSA policy review. No changes to policy statements.
1/2010	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
9/1/2009	BCBSA policy review. Changes to policy statement.
1/2009	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
1/2008	Reviewed - Medical Policy Group - Neurology. No changes to policy statements.
1/2007	Reviewed - Medical Policy Group - Neurology. No changes to policy statements.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

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Endnotes

[1] Based on BCBS Association MPRM 6.01.10 and expert opinion and AIM Specialty Health Guidelines