



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Request for Clinical Exception to BCBSMA Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy (SBRT) Policy

| Before Rendering Services | After Delivery of Services |
|--|---|
| Services rendered both in and outside of Massachusetts: Blue Cross Blue Shield of Massachusetts Case Creation/Medical Policy Fax to: 1-888-282-0780 | Services rendered in Massachusetts: Mail to: Blue Cross Blue Shield of Massachusetts PO Box 986065 Boston, MA 02298 Services rendered outside of Massachusetts: Submit to your Local Plan |

Complete the Clinical Exception Form for BCBSMA [Medical Policy 277, SBRT](#)

Providers **must** complete the Clinical Exception and Notification Form below when requesting coverage:

- For not medically necessary and investigational indications, described in the medical policy 277, SBRT. See [exception section](#) of the form.

Is the member enrolled in a clinical trial? Yes No

If yes, provide the clinical trial number: _____

| Member Information | Provider/Facility Information |
|--|-------------------------------|
| Member Name: _____ | Provider Name: _____ |
| BCBSMA ID #: _____ | Provider NPI: _____ |
| Date of Birth: _____ | Facility Name: _____ |
| Today's Date: _____ | Facility NPI: _____ |
| Dates of Service: From: _____ To: _____ | Contact Name: _____ |
| Number of Sessions: _____ (Up to 5 maximum) | Contact Phone: _____ |

EXCEPTION—Organ-confined Prostate Cancer

In consultation with practicing radiation oncologists, the following clinical exception was established based on acceptable radiation dosage and volume limits to adjacent organs when treating organ-confined prostate cancer. This is a supplement to our coverage statements regarding the use of SBRT to treat this condition. SBRT for organ-confined prostate cancer will be covered by exception for patients with tumors considered to be at low or intermediate risk. Please indicate below that the patient meets all the criteria for either low risk or intermediate risk by checking the appropriate criteria in the table below.

| Risk Level | Criteria for Exception – patient must meet all criteria below |
|-----------------|---|
| Low Risk | <input type="checkbox"/> Prostate volume less than 100 cc and |

| | |
|--------------------------|---|
| | <input type="checkbox"/> Tumor stage T1c – T2a and <input type="checkbox"/> Gleason score ≤ 6 and PSA ≤ 10 |
| Intermediate Risk | <input type="checkbox"/> Prostate volume $< 100\text{cc}$ and <input type="checkbox"/> Tumor stage T1c-T2c and <input type="checkbox"/> Gleason score ≤ 6 and PSA 10-20 Or <input type="checkbox"/> Gleason score 7 and PSA < 10 |