

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 09/28/23
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 09/22/23
<b>Clinical Policy Document:</b> Radiation Therapy, Stereotactic Body Radiation Therapy or Stereotactic Radiosurgery	<b>Replaces Effective Clinical Policy Dated:</b> 09/13/22
<b>Reference #:</b> MC/L013	<b>Page:</b> 1 of 3

**PURPOSE:**

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

**POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

**GUIDELINES:**

Medical Necessity Criteria – Must satisfy any of the following: I - II

- I. Requests for stereotactic body radiation therapy (SBRT) must satisfy the following: American Society for Radiation Oncology Model (ASTRO) Policies for Stereotactic Body Radiation Therapy (<https://www.astro.org/ASTRO/media/ASTRO/Daily%20Practice/PDFs/ASTROSBRTModelPolicy.pdf>)
- II. Requests for stereotactic radiosurgery (SRS) must satisfy the following: American Society for Radiation Oncology Model (ASTRO) Policies for Stereotactic Radiosurgery ([https://www.astro.org/ASTRO/media/ASTRO/Daily%20Practice/PDFs/ASTRO-SRS\\_ModelPolicy.pdf](https://www.astro.org/ASTRO/media/ASTRO/Daily%20Practice/PDFs/ASTRO-SRS_ModelPolicy.pdf))

**EXCLUSIONS (not limited to):**

Refer to member’s Certificate of Coverage or Summary Plan Description

Includes, but is not limited to, health care services designated by the CMS Medicare program as Coverage with Evidence Development (CED) are considered investigative (see Investigative Services [MP/I001])

**DEFINITIONS:**

Cyberknife:

A type of *LINAC* device that’s lightweight. It is designed for more hard-to-reach or complex-shaped tumors that are inaccessible by surgery and other forms of radiation therapy. It uses real-time image guidance and a multi-jointed robotic arm during stereotactic radiosurgery.

Gamma knife:

Designed for radiosurgery of brain tumors; uses gamma rays to ablate targets in the brain using a fixed stereotactic frame.

Karnofsky Performance Scale:

Standard measurement tool to assess the ability of cancer patients to perform ordinary tasks. Scale goes from 0 to 100, with a higher score indicating that the patient is better able to perform the tasks.

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Linear Accelerator (LINAC):

A linear particle accelerator (often shortened to linac) is a type of particle accelerator that accelerates charged subatomic particles or ions to a high speed by subjecting them to a series of oscillating electric potentials along a linear beamline. In the treatment of neoplasms, it customizes high energy x-rays or electrons to conform to a tumor's shape and destroy cancer cells while sparing surrounding normal tissue.

Metastatic brain malignancy:

Tumor (group of abnormal cells) or cancer types that originated somewhere else in the body then spread to the brain.

Primary central nervous system malignancy:

A tumor (group of abnormal cells) that originated in the brain or spinal cord.

Secondary tumor:

Tumor (group of abnormal cells) or cancer types that originated somewhere else in the body then spread to a different site.

Stereotactic:

Describes a procedure during which a target lesion is localized relative to a known three-dimensional reference system that allows for a high degree of anatomic accuracy.

**BACKGROUND:**

SBRT is a radiation treatment modality that couples a high degree of anatomic targeting accuracy and reproducibility with very high doses of extremely precise, externally generated, ionizing radiation. The therapeutic intent of SBRT is to maximize cell-killing effect on the target(s) while minimizing radiation-related injury in adjacent normal tissues.

Stereotactic Radiosurgery (SRS) is similar in concept to SBRT; however, SRS generally refers to stereotactically guided radiation therapy delivered to intracranial targets and selected tumors near the base of the skull, whereas SBRT generally describes stereotactic therapy to extracranial sites.

The linear accelerator uses microwave technology (similar to that used for radar) to accelerate electrons in a part of the accelerator called the "wave guide," then allows these electrons to collide with a heavy metal target to produce high-energy x-rays. These high energy x-rays are shaped as they exit the machine to conform to the shape of the patient's tumor and the customized beam is directed to the patient's tumor. The beam is usually shaped by a multileaf collimator that is incorporated into the head of the machine. The patient lies on a moveable treatment couch and lasers are used to make sure the patient is in the proper position. The treatment couch can move in many directions including up, down, right, left, in and out. The beam comes out of a part of the accelerator called a gantry, which can be rotated around the patient. Radiation can be delivered to the tumor from many angles by rotating the gantry and moving the treatment couch.

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Prior Authorization: Yes, per network provider agreement.

**CODING:**

CPT® or HCPCS

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

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

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.

77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

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 sessions, maximum five sessions per course of treatment

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**REFERENCES:**

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. ASTRO Model Policies. Stereotactic Body Radiation Therapy. Updated June 2020.  
Retrieved from <https://www.astro.org/ASTRO/media/ASTRO/Daily%20Practice/PDFs/ASTROSBRTModelPolicy.pdf>  
Accessed 06-05-23.
4. ASTRO Model Policies. Stereotactic Radiosurgery. Reviewed and approved by ASTRO's Board of Directors in June 2022.  
Retrieved from [https://www.astro.org/ASTRO/media/ASTRO/Daily%20Practice/PDFs/ASTRO-SRS\\_ModelPolicy.pdf](https://www.astro.org/ASTRO/media/ASTRO/Daily%20Practice/PDFs/ASTRO-SRS_ModelPolicy.pdf). Accessed 06-05-23.

**DOCUMENT HISTORY:**

<b>Created Date:</b> 10/14/20
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<b>Revised Date:</b> 06/14/23

## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

*We* will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1.866.631.5404 (TTY: 711)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

*You* can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

*You* can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1.866.631.5404 (TTY: 711) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

**Traditional Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY:711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

**Lao:** ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).