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PLANS IN SCOPE

Aspirus Health Plan

BACKGROUND & PURPOSE:

Stereotactic body radiation therapy (SBRT) uses 3D image guidance to identify the exact tumor location so radiation can be administered directly to the cancer cells.

The intent of this policy is to provide coverage guidelines for SBRT.

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.

COVERAGE INDICATIONS:

General coverage indications

- All healthcare services must be ordered by a provider
- All healthcare services must be medically necessary
- All applicable conservative treatments must have been tried

SBRT is indicated for the treatment of (1) secondary, or metastatic, tumors and (2) recurrent tumors or (3) any tumor arising within or near previously irradiated volumes when at least one of the following criteria is met and specifically documented in the medical record:

I. Functional status justifies aggressive local therapy to achieve disease clearance in the setting of oligo-progressive metastasis
II. Reduction of overall burden of systemic disease for a specified clinical benefit is desired
III. In cases of pulmonary involvement:
    i. Inoperable non-small cell lung cancer
    ii. Surgery would carry more risk due to functional status, comorbidities, and complication risks
IV. Recurrent disease requiring palliation for symptoms control such as pain
V. Any tumor that cannot be treated as effectively or safely by other radiotherapy methods due to
    i. Proximity of previously irradiated volumes and
    ii. A high level of precision and accuracy needed to minimize risk to surrounding paraspinous tissues.
    iii. Radioresistant histology
VI. Lesions in vertebral bodies (especially when associated with painful metastases from solid malignancies)

Exclusions

While SBRT is not an innovative technology, there is a need for continued clinical evidence development and comparative effectiveness analyses for the appropriate use of SBRT for various disease sites. SBRT is not considered medically necessary under any of the following circumstances:

I. Treatment is unlikely to result in clinical cancer control and/or functional improvement (ex. widespread progressive disease with metastasis and the prognosis is unfavorable)
II. The tumor burden cannot be completely targeted with acceptable risk to nearby critical normal structures.
III. Patients with poor performance status (Karnofsky Performance Status less than 40 or ECOG Status of 3 or worse.

Safety and efficacy have not been proven in the following populations:

I. Irresectable pancreatic cancer (unless for palliation)
II. Hepatic cell carcinoma with Child Pugh score > B7 (decompensated cirrhosis with ascites, encephalopathy, or jaundice)

Medical Records Documentation

Benefit coverage is determined by review of member specific benefit plan information and all applicable laws. Medical records documentation may be required to assess if the member meets criteria; however, provision of records does not guarantee coverage.

DEFINITIONS

Child Pugh Score: Score used to interpret the level of liver disease. Ranges from Class A (normal function) to Class C (severe liver dysfunction)

CyberKnife: SBRT treatment system that delivers high doses of radiation to tumors while minimizing damage to surrounding tissue

ECOG Performance Status Scale: Scale ranging from 0 to 5 which describes function including ability to care for self, daily activity, and physical activity. The higher the score the less functional ability.

Karnofsky Performance Scale: Scale ranging from 0 to 100 which defines functional impairment. The lower the score the less likely recovery from a serious illness.

Metastasis: Cancer where the original tumor has spread to at least one other site

Oligo-progressive metastasis: Small number of metastasis 5 or less

Palliation: To improve symptoms of the disease without removing the disease itself

Paraspinous region: the muscles and soft tissue surrounding the spine

Radiation therapy: Use of high-energy particles or waves to destroy or damage cancer cells. Radiation therapy works by injuring DNA inside the cancer cells to keep them from growing and dividing. Radiation can also damage normal or healthy cells.

APPLICABLE CODES

Note: The code list below is provided for guidance. Not all procedures will contain these codes. Code coverage will depend on coverage guidelines above. All intrauterine procedure coverage requests will require medical review.

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Code Type	Code	Description
77263	CPT	Therapeutic radiology treatment planning; complex
77293	CPT	Respiratory motion management simulation
77295	CPT	3-dimensional radiotherapy plan, including dose-volume histograms
77300	CPT	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose
77301	CPT	Intensity modulated radiotherapy plan, including dosevolume histograms for target and critical structure partial tolerance specifications
77334	CPT	Treatment devices, design, and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts), custom immobilization devices
77338	CPT	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction, per IMRT plan
77370	CPT	Special medical radiation physics consultation
77373	CPT	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77435	CPT	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions
77470	CPT	Special treatment procedures (e.g., total body irradiation, hemi body radiation, per oral or endocavitary irradiation)

POLICY/REVISION HISTORY

Date	Summary of Changes	Approval By
09/10/25	Initial Policy Development	Optum Medical and Pharmacy Subcommittee

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