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PLANS IN SCOPE

Aspirus Health Plan

BACKGROUND & PURPOSE:

Stereotactic radiosurgery (SRS) uses targeted radiation to treat intracranial and extracranial tumors in the head and neck without making an incision. The treatment is provided by a team of providers including radiation oncologist, medical physicist, radiation therapist, and a neurosurgeon and requires 3D mapping.

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

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

SRS is used for the following conditions:

I. Primary central nervous system malignancies, generally used as a boost or salvage therapy for lesions.
II. Primary and secondary tumors involving the brain parenchyma, meninges/dura or any immediately adjacent bony structures such as the cranial vault or skull base.
III. Benign brain tumors such as meningiomas, acoustic neuromas, other schwannomas, pituitary adenomas, pineocytomas, craniopharyngiomas, glomus tumors or hemangioblastomas.
IV. Arteriovenous malformations and cavernous malformations.
V. Other cranial non-neoplastic conditions such as trigeminal neuralgia and select cases of medically refractory epilepsy, movement disorders such as Parkinson's disease and essential tremor, and hypothalamic hamartomas.
VI. As a boost treatment for larger cranial or spinal lesions that have been treated initially with external beam radiation therapy or surgery (e.g., sarcomas, chondrosarcomas, chordomas and nasopharyngeal or paranasal sinus malignancies).
VII. Metastatic brain lesions, independent of the number of lesions, if other positive clinical indications exist, e.g., stable systemic disease, Karnofsky Performance Status 40 or greater (and expected to return to 70 or greater with treatment), and otherwise reasonable survival expectations, or ECOG Performance Status of 3 or less (and expected to return to 2 or less with treatment).
VIII. Relapse in a previously irradiated cranial field where the additional stereotactic precision is required to avoid unacceptable vital tissue radiation.
IX. Uveal or ocular melanoma.

Exclusions

There is inadequate safety and/or efficacy data in the following populations:

I. Members unlikely to gain functional improvement or clinically meaningful disease stabilization
II. Members with poor performance status (Karnofsky Performance Status of less than 40 or ECOG performance greater than 3)
III. Essential tremor controlled by medications

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

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.

Gamma Knife: Type of radiosurgery used to treat tumors and malformed veins in the brain

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.

Proton beam therapy: Type of treatment that uses protons (positively charged particles found in the nucleus of an atom) to target tumors in the body

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 therapy can also damage surrounding 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.

Code Type	Code	Description
61796	CPT	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797	CPT	Each additional cranial lesion, simple (List separately in addition to code for primary procedure)
61798	CPT	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
61799	CPT	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex
61800	CPT	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
77263	CPT	Therapeutic radiology treatment planning; complex
77295	CPT	Three-dimensional radiotherapy plan, including dose-volume histogram
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, as required during course of treatment, only when prescribed by the treating physician
77301	CPT	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77370	CPT	Special medical radiation physics consultation
77334	CPT	Treatment devices, design, and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77338	CPT	Multi-leaf collimator (MLC) device(s) for intensity-modulated radiation therapy (IMRT), design and construction, per IMRT plan
77371	CPT	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt-60 based. (For radiation treatment management, use 77432)

77372	CPT	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based. (For radiation treatment management, use 77432)
77373	CPT	Stereotactic body radiation therapy, or stereotactic cranial radiosurgery 2-5 fractions-treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions (Do not report 77373 in conjunction with 77385, 77386, 77401, 77402, 77407, 77412) (For single fraction cranial lesion[s], see 77371, 77372)
77432	CPT	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session) (The same physician should not report both stereotactic radiosurgery services [61796-61800] and radiation treatment management [77432 or 77435] for cranial lesions). (For stereotactic body radiation therapy treatment, use 77435)
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 (Do not report 77435 in conjunction with other treatment management codes 77427- 77432) (The same physician should not report both stereotactic radiosurgery services [32701, 63620, 63621] and radiation treatment management [77435]

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POLICY/REVISION HISTORY

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

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Discrimination is Against the Law. 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, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:
Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

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

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If *you* need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If *you* believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: 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. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.Telefononi në 1-800-332-6501 (TTY: 711).

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف1-800-332-6501(رقم هاتف الصم والبك : 711)

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German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zurVerfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: _यान द_: य_द आप ि हंदी बोलते ह_ तो आपके ि लए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_।1-800-332-6501 (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 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.1-800-332-6501 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (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 1-800-332-6501 (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 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-332-6501 (TTY: 711).

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