

<b>POLICY NUMBER</b> UM XRT_2006	<b>SUBJECT</b> Stereotactic Radiation Therapy (SBRT, SRS)	<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 5</b>
<b>DATES COMMITTEE REVIEWED</b> 11/08/17, 11/14/18, 12/11/19	<b>APPROVAL DATE</b> December 11, 2019	<b>EFFECTIVE DATE</b> December 11, 2019	<b>COMMITTEE APPROVAL DATES</b> (latest version listed last) 11/08/17, 11/14/18, 12/11/19
<b>PRIMARY BUSINESS OWNER: UM</b> <b>APPROVED BY:</b> Dr. Andrew Hertler		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee	
<b>URAC STANDARDS</b> HUM 1	<b>NCQA STANDARDS</b> UM 2	<b>ADDITIONAL AREAS OF IMPACT</b>	
<b>CMS REQUIREMENTS</b> Per applicable LCD/NCD	<b>STATE/FEDERAL REQUIREMENTS</b>	<b>APPLICABLE LINES OF BUSINESS</b> All	

## I. PURPOSE

The purpose of this policy is to provide general information applicable to the review and appropriateness of Stereotactic Radiation Therapy (SBRT, SRS) services. Although a service, supply or procedure may be medically necessary, it may be subject to limitations and/or exclusions under a member's benefit plan. If a service, supply or procedure is not covered and the member proceeds to obtain the service, supply or procedure, the member may be responsible for the cost. Decisions regarding treatment and treatment plans are the responsibility of the physician. This policy is not intended to direct the course of clinical care a physician provides to a member, and it does not replace a physician's independent professional clinical judgment or duty to exercise special knowledge and skill in the treatment of members. NCH is not responsible for, does not provide, and does not hold itself out as a provider of medical care. The physician remains responsible for the quality and type of health care services provided to a member.

## II. BACKGROUND

Stereotactic Body Radiation Therapy (SBRT or SABR) and Stereotactic Radiosurgery (SRS) offer an alternative means for focal treatment. This radiation approach combines multiple finely collimated radiation beams and stereotaxy (3D target localization). In delivering multiple radiation beams that precisely intersect to deliver an accurate, high dose of radiation to a carefully defined location.

## III. DEFINITIONS

American Society for Radiation Oncology (ASTRO) define Stereotactic Radiation Therapy (SBRT) as "an external beam radiation therapy method used to very precisely deliver a high dose of radiation to an extracranial target within the body, using either a single dose or a small number of fractions."

American Society for Radiation Oncology (ASTRO) define Stereotactic Radiosurgery (SRS) "as a distinct discipline that utilizes externally generated ionizing radiation in certain cases to inactivate or eradicate a defined target(s) in the head or spine without the need to make an incision. The target is defined by high-resolution stereotactic imaging. To assure quality of patient care the procedure involves a multidisciplinary team consisting of a neurosurgeon, radiation oncologist, and medical physicist."

### Other Descriptive Names:

Stereotactic Radiotherapy  
Fractionated stereotactic radiosurgery  
Hypo fractionated Stereotactic Radiosurgery  
Stereotactic Ablative Radiotherapy (SABR)

## IV. POLICY

1. **Medicare** – for Medicare and Medicare Advantage enrollees, the coverage policies of CMS (Centers for Medicare and Medicaid Services) may take precedence over Company's guidelines.
2. Stereotactic Radiation Therapy (SBRT) request **meet the definition of medical necessity** for the following indications:



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- a. Non-Small Cell Lung Cancer is **medically necessary** in the following clinical situations:
    - i. Stage T1-T2b **And**
    - ii. Lesion size less than < 5 cm **And**
    - iii. Negative Nodes
  - b. Prostate Cancer is **medically necessary** in the following clinical situations:
    - i. Treatment as a monotherapy **And**
    - ii. Low Risk **Or**
    - iii. Intermediate Risk
  - c. Primary Liver Cancer (Hepatocellular Carcinoma [HCC]) is **medically necessary** in the following clinical situations:
    - i. Definitive management of medically or technically un-resectable
    - ii. Localized HCC in an individual with adequate hepatic reserve **Or**
    - iii. Palliative management of localized disease **Or**
    - iv. Local disease with minimal extrahepatic disease **Or**
    - v. Definitive setting to treat concurrently one or more tumors is medically necessary when there is evidence of the ability to protect an adequate volume of uninvolved liver.
  - d. Pancreatic Cancer is **medically necessary** in the following clinical situations:
    - i. Preoperative (neoadjuvant resectable or borderline resectable) following a minimum of 2 cycles of chemotherapy and restaging in which there is no evidence of tumor progression **Or**
    - ii. Definitive treatment for medically inoperable or locally advanced following a minimum of 2 cycles of chemotherapy and restaging in which there is no evidence of tumor progression and the disease volume can be entirely encompassed in the radiation treatment volume **Or**
    - iii. Postoperative (adjuvant) in which there is residual gross disease or positive microscopic margins that can be entirely encompassed in the radiation treatment volume
3. Stereotactic Radiosurgery (SRS) **meet the definition of medical necessity** for the following indications:
- a. Primary Brain Lesions dependent upon location such as:
    - i. Arteriovenous Malformation (AVM) **Or**
    - ii. Acoustic neuroma **Or**
    - iii. Meningioma **Or**
    - iv. Pituitary Adenoma (3-5mm away from optic chiasm) **Or**
    - v. Trigeminal neuralgia refractory to medical management
  - b. Metastatic lesions with following indications:
    - i. 1-3 metastatic lesions **And**



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- ii. Controlled systemic disease **Or**
  - iii. Newly diagnosed disease **And**
  - iv. Minimum ECOG 2 /KPS 80 and above **Or**
  - v. Prior Whole Brain Radiation Therapy (WBRT) with symptomatic metastases
4. Stereotactic Radiation Therapy (SBRT) **may be** considered **medically necessary** in individuals who require repeat irradiation of a field that has received **prior** irradiation for retreatment in patients who have no evidence of metastatic disease
  5. Stereotactic Radiation Therapy (SBRT) may be considered medically necessary in individuals with oligometastatic disease who have achieved a long disease free interval and maintain a good performance status.
  6. All other indications not listed above **may be** considered experimental or investigational, as there may be insufficient evidence to support conclusions regarding the effect of on health outcomes. Indications not listed will be evaluated on a case by case basis at the clinical reviewer level.

## V. PROCEDURE

The following documentation is necessary for reviewing a Stereotactic Radiation Therapy (SBRT, SRS) Request:

1. Physician history and physical including radiographic reports IE: MRI, CT and prior PET/CT scans
2. Attending Radiation Oncologist Consult or Progress note
3. Treatment; in certain circumstances a comparison dose volume histogram (DVH) comparing IMRT

## VI. APPROVAL AUTHORITY

1. Review – Utilization Management Department
2. Final Approval – Utilization Management Committee

## VII. ATTACHMENTS

None

## VIII. REFERENCES

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