

*Evolut	
Clinical guideline STEREOTACTIC RADIOTHERAPY (SRS) STEREOTACTIC BODY RADIATION THERAPY (SBRT)	Original Date: May 2011
CPT Codes: 77371, 77372, 77373, G0339, G0340	Last Revised Date: May 2023
Guideline Number: Evolut_CG_222	Implementation Date: January 2024

GENERAL INFORMATION

- *It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines and state/national recommendations.*

Stereotactic radiation therapy (SRT) is a method of delivering precise high doses of radiation to small targets, while minimizing radiation-related injury in adjacent normal tissues.¹⁻³ SRT delivers high doses of radiation in a very short time frame as, between 1 and 5 fractions (entire course not to exceed 5 fractions) and consists of the following types¹:

- Stereotactic Body Radiotherapy (SBRT) refers to use at any extracranial site consisting of up to 5 fractions
- Fractionated Stereotactic radiosurgery (FSRT) of any intracranial site consisting of 2-5 fractions
- Stereotactic radiosurgery (SRS) refers to treatment of any intracranial site consisting of 1 fraction only.

INDICATIONS FOR STEREOTACTIC RADIATION THERAPY (Will be reviewed on a case-by-case basis)

Most requests for radiation therapy are addressed by Evolut treatment site clinical guidelines. However, there may be requests that are not. For such requests, determinations will be made on a case-by-case basis utilizing the following guidelines (when applicable) but not limited to: National Comprehensive Cancer Network (NCCN), American Society for Radiation Oncology ASTRO (i.e., Model Policies; Evidence-Based Consensus Statement), ACR Appropriateness Criteria, American Society of Clinical Oncology (ASCO) and/or peer reviewed literature.

- Arteriovenous malformation (AVM) of the brain or spine^{1,3}

- Initial or recurrent primary brain tumor (e.g., acoustic neuroma, meningioma, hemangioma, pituitary adenoma, craniopharyngioma, low grade glioma, neoplasm of the pineal gland, glioblastoma multiforme, low-grade astrocytoma, etc.)^{1,3}
- Initial or recurrent brain metastases for patient who has good performance status (ECOG less than 3 or Karnofsky status 40 or greater with expected return to 70 or greater with treatment) and controlled systemic disease (e.g., newly diagnosed, stable systemic disease or reasonable treatment options).^{1,3} Refer to the clinical guideline on Central Nervous System (CNS) metastasis
- Non-operable spinal tumor (primary, recurrent or metastatic) that is causing compression or intractable pain
- Trigeminal neuralgia that has not responded to other, more conservative, treatments^{1,3}
- Pancreatic Tumors:⁴ SBRT is appropriate for pancreatic cancer to treat locally advanced or recurrent disease without evidence of distant metastasis **OR** in patients who are not candidates for induction chemotherapy **OR** to treat a previously irradiated field
- Hepatocellular Carcinoma
 - As a bridge to liver transplantation
 - As an ablative treatment for limited lesions
- Non-Small Cell Lung Cancer and all of the following:^{5,6}
 - Stage I disease; **AND**
 - The lesion cannot be removed surgically either because the tumor location makes removal difficult, the member is not a surgical candidate, or if the patient refuses surgery
- Small Cell Lung Cancer⁷⁻¹⁵
 - SBRT is approvable for clinical stage I to IIA (T1-2,N0) Small Cell Lung Cancer who are medically inoperable or refuse surgery.
- SBRT is indicated for prostate cancer (all risk groups excluding node-positive disease)¹⁶

CLINICAL REVIEW REQUIRED

- Stereotactic Radiation Therapy (SRS/SBRT) has not been proven to be superior to conventional therapy and is not a standard treatment option for the treatment of the following conditions:
 - Other non-central nervous system cancers unless noted above
 - Lung (unless above criteria is met)
 - Other cancers, including but not limited to, breast, colon, liver
 - Parkinson's disease and other movement disorders (e.g., tremors)
 - Epilepsy
 - Chronic pain syndromes
 - Treatment of functional disorders other than trigeminal neuralgia
- **Oligometastatic Disease**¹⁷

- Stereotactic Body Radiation Therapy (SBRT) is medically necessary for extracranial oligometastatic disease for an individual with One (1) to Five (5) metastatic lesions when the following criteria are met:
 - Good performance status: ECOG less than 3 or Karnofsky Scale greater than or equal to 70% and stable systemic disease or reasonable systemic treatment options.
- SBRT may be appropriate for patients with tumors arising in or near previously irradiated region to minimize the risk of injury to surrounding normal tissues (will be reviewed on a case-by-case basis)¹

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POLICY HISTORY

Date	Summary
May 2023	<ul style="list-style-type: none">● Moved Pancreatic Tumors under INDICATIONS FOR STEREOTACTIC RADIATION THERAPY● Added: “in patients who are not candidates for induction chemotherapy” to pancreatic cancer● Added: SBRT is indicated for prostate cancer (all risk groups excluding node-positive disease)● Added: Hepatocellular Carcinoma<ul style="list-style-type: none">○ As a bridge to liver transplantation○ As an ablative treatment for limited lesions● Added physician clinical review required to “indications for stereotactic radiation therapy”● Deleted Additional Resources● Removed “physician review” language
January 2022	<ul style="list-style-type: none">● Added SCLC: SBRT is approvable for clinical stage I to IIA (T1-2, N0) SCLC who are medically inoperable or refuse surgery● Clarified “Good performance status” under Oligometastatic disease● Under Oligometastatic disease, increased range of metastatic lesions to 1 – 5 (previously 1 – 4)

Reviewed / Approved by Clinical Guideline Committee

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