National Imaging Associates, Inc.*	
Clinical guideline **STEREOTACTIC RADIOTHERAPY (SRS)** **STEREOTACTIC BODY RADIATION THERAPY (SBRT)**	**Original Date: May 2011**
CPT Codes: 77371, 77372, 77373, G0339, G0340	**Last Revised Date: February 2021**
Guideline Number: NIA_CG_222	**Implementation Date: January 2022**

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 (ASTRO, 2014). 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 types (ASTRO 2014):

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

INDICATIONS FOR STEREOTACTIC RADIATION THERAPY

Most requests for radiation therapy are addressed by NIA 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 (ASTRO, 2014)

- 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.) (ASTRO, 2014)

- 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

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treatment options) (ASTRO, 2014). 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 (ASTRO, 2014)

- Non-Small Cell Lung Cancer and all of the following (Videtic, 2017):
  - 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

PHYSICIAN 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 and pancreas
  - Parkinson's disease and other movement disorders (e.g., tremors)
  - Epilepsy
  - Chronic pain syndromes
  - Treatment of functional disorders other than trigeminal neuralgia

- Pancreatic Tumors: (NCCN, 2019) SBRT is appropriate for pancreatic cancer to treat locally advanced or recurrent disease without evidence of distant metastasis **or** to treat a previously irradiated field

- Oligometastatic Disease: Stereotactic Body Radiation Therapy (SBRT) is medically necessary for extracranial oligometastatic disease for an individual with One (1) to Four (4) metastatic lesions when the following criteria are met: (Cheung, 2016; Palma 2018)
  - 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 (Physician Review Required) (ASTRO, 2014)

POLICY HISTORY

Date	Summary
February 2021	**Deleted:** Stereotactic Body Radiation Therapy (SBRT) is considered medically necessary for the treatment of pancreatic cancer. If requested a physician review is required. **Updated:** Pancreatic Tumors (NCCN, 2019) SBRT is is appropriate for pancreatic cancer to treat locally advanced or recurrent disease without evidence of distant metastasis **or** to treat a previously irradiated field (Physician Review Required) Added • Oligometastatic Disease: Stereotactic Body Radiation Therapy (SBRT) is medically necessary for extracranial oligometastatic disease for an individual with One (1) to Four (4) metastatic lesions when the following criteria are met: (Cheung P,2016; Palma 2018) o Good performance status: ECOG less than 3 **or** Karnofsky Scale greater than or equal to 70% **and** o Stable systemic disease or reasonable systemic treatment options. **3**.Added References
February 2020	• Guideline updated to state that SBRT is medically necessary for pancreatic tumors and patients with tumors previously irradiated, Based on NCCN Guideline Updates o Added: Pancreatic Tumors (Physician Review Required) o Added: 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 (Physician Review Required)
February 2019	• Added and updated references

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Reviewed / Approved by NIA Clinical Guideline Committee

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.