



<b>*National Imaging Associates, Inc.</b>	
<b>Clinical guideline</b> <b>STEREOTACTIC RADIOTHERAPY (SRS)</b> <b>STEREOTACTIC BODY RADIATION THERAPY (SBRT)</b>	<b>Original Date: May 2011</b>
<b>CPT Codes: 77371, 77372, 77373, G0339, G0340</b>	<b>Last Revised Date: May 2023</b>
<b>Guideline Number: NIA_CG_222</b>	<b>Implementation Date: January 2024</b>

**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.<sup>1-3</sup> 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<sup>1</sup>:

- 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 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<sup>1,3</sup>
- 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.)<sup>1,3</sup>
- 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).<sup>1,3</sup> 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<sup>1,3</sup>
- Pancreatic Tumors:<sup>4</sup> 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:<sup>5,6</sup>
  - 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 Cancer<sup>7-15</sup>
  - 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)<sup>16</sup>

## 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<sup>17</sup>**
  - 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)<sup>1</sup>

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**POLICY HISTORY**

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



## Reviewed / Approved by NIA Clinical Guideline Committee

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