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| MEDICAL POLICY | Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Medicare Only) | |
| Effective Date: 1/1/2021  <div style="text-align: right;">1/1/2020</div> | Section: SUR | Policy No: 439 |
| | Medical Policy Committee Approved Date: 3/19; 3/2020; 11/2020 | |
| Medical Officer | Date | |

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

| Service | Medicare Guidelines |
|--|--|
| <i>Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy</i> | <ul style="list-style-type: none"> Local Coverage Determination (LCD): Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) (L34151)¹ Local Coverage Article: Billing and Coding: Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) (A57461)² |

BILLING GUIDELINES

For complete billing guidelines, refer to the LCA: Billing and Coding: Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) ([A57461](#)).²

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CPT codes 77373, G0339 and G0340 will pay only once per day of treatment regardless of the number of sessions or lesions. CPT 77435 will pay only once per course of therapy.

CPT codes 77371, 77372, 77373, 77432, 77435, G0339, and G0340 will be considered medically necessary and covered for the indications addressed in this policy when the request is billed with any of the ICD-10 diagnosis codes listed in the [Billing Guidelines Appendix](#) below.

All other diagnosis codes billed with 77371, 77372, 77373, 77432, 77435, G0339, and G0340 will deny as not medically necessary and not covered.

CPT/HCPCS CODES

| Medicare Only | |
|---------------------------------|--|
| No Prior Authorization Required | |
| 77371 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based |
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions |
| 77432 | Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session) |
| 77435 | Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions |
| G0339 | Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment |
| G0340 | Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment |

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

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The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

REFERENCES

- Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) (L34151). Effective date, 12/01/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34151>. Accessed 9/21/2020.
- Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) (A57461). Effective data, 12/01/2019. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57461>. Accessed 9/22/2020.

BILLING GUIDELINES APPENDIX

CPT/HCPCS codes 77371, 77372, 77373, 77432, 77435, G0339, and G0340 are only covered when billed with the following ICD-10 codes that support medical necessity under this LCD.

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| C11.0 | Malignant neoplasm of superior wall of nasopharynx |
| C11.1 | Malignant neoplasm of posterior wall of nasopharynx |
| C11.2 | Malignant neoplasm of lateral wall of nasopharynx |
| C11.3 | Malignant neoplasm of anterior wall of nasopharynx |
| C11.8 | Malignant neoplasm of overlapping sites of nasopharynx |
| C30.0 | Malignant neoplasm of nasal cavity |
| C30.1 | Malignant neoplasm of middle ear |
| C31.0 | Malignant neoplasm of maxillary sinus |
| C31.1 | Malignant neoplasm of ethmoidal sinus |
| C31.2 | Malignant neoplasm of frontal sinus |

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| ICD-10 CODE | DESCRIPTION |
|--------------------|---|
| C31.3 | Malignant neoplasm of sphenoid sinus |
| C31.8 | Malignant neoplasm of overlapping sites of accessory sinuses |
| C70.0 | Malignant neoplasm of cerebral meninges |
| C71.0 | Malignant neoplasm of cerebrum, except lobes and ventricles |
| C71.1 | Malignant neoplasm of frontal lobe |
| C71.2 | Malignant neoplasm of temporal lobe |
| C71.3 | Malignant neoplasm of parietal lobe |
| C71.4 | Malignant neoplasm of occipital lobe |
| C71.5 | Malignant neoplasm of cerebral ventricle |
| C71.6 | Malignant neoplasm of cerebellum |
| C71.7 | Malignant neoplasm of brain stem |
| C71.8 | Malignant neoplasm of overlapping sites of brain |
| C72.21 | Malignant neoplasm of right olfactory nerve |
| C72.22 | Malignant neoplasm of left olfactory nerve |
| C72.31 | Malignant neoplasm of right optic nerve |
| C72.32 | Malignant neoplasm of left optic nerve |
| C72.41 | Malignant neoplasm of right acoustic nerve |
| C72.42 | Malignant neoplasm of left acoustic nerve |
| C72.59 | Malignant neoplasm of other cranial nerves |
| C75.1 | Malignant neoplasm of pituitary gland |
| C75.2 | Malignant neoplasm of craniopharyngeal duct |
| C75.3 | Malignant neoplasm of pineal gland |
| C75.5 | Malignant neoplasm of aortic body and other paraganglia |
| C79.31 | Secondary malignant neoplasm of brain |
| C79.32* | Secondary malignant neoplasm of cerebral meninges |
| C79.49* | Secondary malignant neoplasm of other parts of nervous system |
| C79.51* | Secondary malignant neoplasm of bone |
| C79.52* | Secondary malignant neoplasm of bone marrow |
| C79.89* | Secondary malignant neoplasm of other specified sites |
| D18.02 | Hemangioma of intracranial structures |
| D32.0 | Benign neoplasm of cerebral meninges |

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| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| D33.0 | Benign neoplasm of brain, supratentorial |
| D33.1 | Benign neoplasm of brain, infratentorial |
| D33.3 | Benign neoplasm of cranial nerves |
| D35.2 | Benign neoplasm of pituitary gland |
| D35.3 | Benign neoplasm of craniopharyngeal duct |
| D35.4 | Benign neoplasm of pineal gland |
| D35.5 | Benign neoplasm of carotid body |
| D35.6* | Benign neoplasm of aortic body and other paraganglia |
| D42.0* | Neoplasm of uncertain behavior of cerebral meninges |
| D42.1* | Neoplasm of uncertain behavior of spinal meninges |
| D43.0* | Neoplasm of uncertain behavior of brain, supratentorial |
| D43.1* | Neoplasm of uncertain behavior of brain, infratentorial |
| D43.4* | Neoplasm of uncertain behavior of spinal cord |
| D44.3 | Neoplasm of uncertain behavior of pituitary gland |
| D44.4 | Neoplasm of uncertain behavior of craniopharyngeal duct |
| D44.5 | Neoplasm of uncertain behavior of pineal gland |
| D44.6* | Neoplasm of uncertain behavior of carotid body |
| D44.7* | Neoplasm of uncertain behavior of aortic body and other paraganglia |
| D49.6* | Neoplasm of unspecified behavior of brain |
| D49.7* | Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system |
| G20* | Parkinson's disease |
| G21.4 | Vascular parkinsonism |
| G25.0 | Essential tremor |
| G40.301 | Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus |
| G40.311 | Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus |
| G40.319 | Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus |
| G40.911 | Epilepsy, unspecified, intractable, with status epilepticus |
| G40.919 | Epilepsy, unspecified, intractable, without status epilepticus |

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| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| G50.0 | Trigeminal neuralgia |
| G50.8 | Other disorders of trigeminal nerve |
| G51.0 | Bell's palsy |
| G51.1 | Geniculate ganglionitis |
| G51.2 | Melkersson's syndrome |
| G51.31 | Clonic hemifacial spasm, right |
| G51.32 | Clonic hemifacial spasm, left |
| G51.33 | Clonic hemifacial spasm, bilateral |
| G51.4 | Facial myokymia |
| G51.8 | Other disorders of facial nerve |
| G52.0* | Disorders of olfactory nerve |
| G52.1* | Disorders of glossopharyngeal nerve |
| G52.2* | Disorders of vagus nerve |
| G52.3* | Disorders of hypoglossal nerve |
| G52.7* | Disorders of multiple cranial nerves |
| G52.8* | Disorders of other specified cranial nerves |
| G53* | Cranial nerve disorders in diseases classified elsewhere |
| Q28.2* | Arteriovenous malformation of cerebral vessels |
| Q28.3* | Other malformations of cerebral vessels |
| T66.XXXA* | Radiation sickness, unspecified, initial encounter |
| T66.XXXD* | Radiation sickness, unspecified, subsequent encounter |
| T66.XXXS* | Radiation sickness, unspecified, sequela |

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

* ICD-10-CM Codes C79.32, C79.49, C79.51, C79.52, C79.89, D35.6, D44.6, D44.7, D43.0, D43.1, D43.4, D42.0, D42.1, D49.6, D49.7, G52.0, G52.1, G52.2, G52.8, G52.7, G52.3, G53 and Q28.2, Q28.3 are all limited to use for lesions occurring either above the neck or in the spine.

* ICD-10-CM Code G20 is limited to the patient who cannot be controlled with medication, has major systemic disease or coagulopathy, and who is unwilling or unsuited for open surgery.

* ICD-10-CM Code T66.XXXA, T66.XXXD, and T66.XXXS may only be used where prior radiation therapy to the site is the governing factor necessitating SRS in lieu of other radiotherapy. An ICD-10-CM code for the anatomic diagnosis must also be used.

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CPT/HCPCS codes 77373, 77435, G0339, and G0340 are only covered when billed with the following ICD-10 codes that support medical necessity under this LCD:

| ICD-10 CODE | DESCRIPTION |
|--------------------|---|
| C00.1* | Malignant neoplasm of external lower lip |
| C00.3* | Malignant neoplasm of upper lip, inner aspect |
| C00.4* | Malignant neoplasm of lower lip, inner aspect |
| C00.8* | Malignant neoplasm of overlapping sites of lip |
| C01* | Malignant neoplasm of base of tongue |
| C02.0* | Malignant neoplasm of dorsal surface of tongue |
| C02.1* | Malignant neoplasm of border of tongue |
| C02.2* | Malignant neoplasm of ventral surface of tongue |
| C02.4* | Malignant neoplasm of lingual tonsil |
| C02.8* | Malignant neoplasm of overlapping sites of tongue |
| C03.0* | Malignant neoplasm of upper gum |
| C03.1* | Malignant neoplasm of lower gum |
| C04.0* | Malignant neoplasm of anterior floor of mouth |
| C04.1* | Malignant neoplasm of lateral floor of mouth |
| C04.8* | Malignant neoplasm of overlapping sites of floor of mouth |
| C05.0* | Malignant neoplasm of hard palate |
| C05.1* | Malignant neoplasm of soft palate |
| C05.2 | Malignant neoplasm of uvula |
| C05.8* | Malignant neoplasm of overlapping sites of palate |
| C06.0* | Malignant neoplasm of cheek mucosa |
| C06.1* | Malignant neoplasm of vestibule of mouth |
| C06.2* | Malignant neoplasm of retromolar area |
| C06.89* | Malignant neoplasm of overlapping sites of other parts of mouth |
| C07* | Malignant neoplasm of parotid gland |
| C08.0* | Malignant neoplasm of submandibular gland |
| C08.1* | Malignant neoplasm of sublingual gland |
| C09.0* | Malignant neoplasm of tonsillar fossa |
| C09.1* | Malignant neoplasm of tonsillar pillar (anterior) (posterior) |
| C09.8* | Malignant neoplasm of overlapping sites of tonsil |

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| ICD-10 CODE | DESCRIPTION |
|--------------------|--|
| C10.0* | Malignant neoplasm of vallecula |
| C10.1* | Malignant neoplasm of anterior surface of epiglottis |
| C10.2* | Malignant neoplasm of lateral wall of oropharynx |
| C10.3* | Malignant neoplasm of posterior wall of oropharynx |
| C10.4* | Malignant neoplasm of branchial cleft |
| C10.8* | Malignant neoplasm of overlapping sites of oropharynx |
| C22.0 | Liver cell carcinoma |
| C22.1 | Intrahepatic bile duct carcinoma |
| C22.2 | Hepatoblastoma |
| C22.3 | Angiosarcoma of liver |
| C22.4 | Other sarcomas of liver |
| C22.7 | Other specified carcinomas of liver |
| C22.8 | Malignant neoplasm of liver, primary, unspecified as to type |
| C22.9 | Malignant neoplasm of liver, not specified as primary or secondary |
| C25.0 | Malignant neoplasm of head of pancreas |
| C25.1 | Malignant neoplasm of body of pancreas |
| C25.2 | Malignant neoplasm of tail of pancreas |
| C25.3 | Malignant neoplasm of pancreatic duct |
| C25.4 | Malignant neoplasm of endocrine pancreas |
| C25.7 | Malignant neoplasm of other parts of pancreas |
| C25.8 | Malignant neoplasm of overlapping sites of pancreas |
| C34.00 | Malignant neoplasm of unspecified main bronchus |
| C34.01 | Malignant neoplasm of right main bronchus |
| C34.02 | Malignant neoplasm of left main bronchus |
| C34.11 | Malignant neoplasm of upper lobe, right bronchus or lung |
| C34.12 | Malignant neoplasm of upper lobe, left bronchus or lung |
| C34.2 | Malignant neoplasm of middle lobe, bronchus or lung |
| C34.31 | Malignant neoplasm of lower lobe, right bronchus or lung |
| C34.32 | Malignant neoplasm of lower lobe, left bronchus or lung |
| C34.81 | Malignant neoplasm of overlapping sites of right bronchus and lung |
| C34.82 | Malignant neoplasm of overlapping sites of left bronchus and lung |

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| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| C61 | Malignant neoplasm of prostate |
| C64.1 | Malignant neoplasm of right kidney, except renal pelvis |
| C64.2 | Malignant neoplasm of left kidney, except renal pelvis |
| C65.1 | Malignant neoplasm of right renal pelvis |
| C65.2 | Malignant neoplasm of left renal pelvis |
| C74.01 | Malignant neoplasm of cortex of right adrenal gland |
| C74.02 | Malignant neoplasm of cortex of left adrenal gland |
| C74.11 | Malignant neoplasm of medulla of right adrenal gland |
| C74.12 | Malignant neoplasm of medulla of left adrenal gland |
| C75.5 | Malignant neoplasm of aortic body and other paraganglia |
| C77.1 | Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes |
| C78.01 | Secondary malignant neoplasm of right lung |
| C78.02 | Secondary malignant neoplasm of left lung |
| C78.7 | Secondary malignant neoplasm of liver and intrahepatic bile duct |
| C79.01 | Secondary malignant neoplasm of right kidney and renal pelvis |
| C79.02 | Secondary malignant neoplasm of left kidney and renal pelvis |
| C79.71 | Secondary malignant neoplasm of right adrenal gland |
| C79.72 | Secondary malignant neoplasm of left adrenal gland |
| T66.XXXA* | Radiation sickness, unspecified, initial encounter |
| T66.XXXD* | Radiation sickness, unspecified, subsequent encounter |
| T66.XXXS* | Radiation sickness, unspecified, sequela |

Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:

***ICD-10-CM Codes C00.0 - C10.8 and T66.XXXA, T66.XXXD, T66.XXXS due to recurrence after prior conventional fractionated RT.**

ICD-10-CM Code T66.XXXA, T66.XXXD, T66.XXXS may only be used where prior radiation therapy to the site is the governing factor necessitating SBRT in lieu of other radiotherapy. An ICD-10-CM code for the anatomic diagnosis must also be used.