Radiation Oncology: Stereotactic Radiosurgery
MPM 18.9

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description
Stereotactic radiosurgery (SRS) delivers high doses of ionizing radiation to a small target within the cranium. Conventional radiotherapy exposes large areas of intracranial tissue to relatively broad fields of radiation, while SRS delivers highly focused convergent beams in a single session so that only the desired target is radiated and adjacent structures are spared.

SRS is preceded by a process of localizing the target by using one or more of the following techniques: cerebral angiography, computerized tomography (CT) and/or magnetic resonance imaging (MRI). SRS typically is performed in one session and usually does not require hospitalization.

Stereotactic body radiation therapy (SBRT) is similar to intracranial SRS except the target areas are in the body. SBRT delivers fractionated radiation which is thought to decrease the short and long term side effects of radiation therapy. It may also permit a higher total radiation dosage. SBRT may be used in a single high-dose radiation delivery or a few fractionated treatments.

Cyberknife® delivers radiotherapy or radiosurgery using real-time image guidance. Other similar technologies include BrainLab Novalis, Tomotherapy® and Linacs (linear accelerator) with CT.

Coverage Determination
Prior Authorization is not required.

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses MCG (formerly Milliman) Criteria # A-0423. Due to contractual restrictions providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.
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Approval Signatures:

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Medical Director: Pedro Cardona MD

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Publication History:
08-25-10: Original effective date
02-22-2012: Review and revise
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses MCG Criteria A-0423

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at: http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm