

 SECUR Health Plan SECUR POLICY AND PROCEDURE MANUAL		Page 1 of 5
UM-CDG-018 Stereotactic Radiation Therapy	Approved By: Director, Health Services	Effective Date: 10/22/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address stereotactic radiation therapy – stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT), which are methods of delivering ionizing radiation using highly focused convergent beams to target a lesion while limiting exposure of adjacent structures. The term “stereotactic” describes target lesion localization relative to a known three-dimensional reference system that allows for a high degree of anatomic accuracy and precision. Devices used for stereotactic guidance may include a body frame with external reference markers in which a patient is positioned securely, a system of implanted fiducial markers that can be visualized with low energy (kV) x rays and CT imaging-based systems used to confirm the location of a tumor immediately prior to treatment.

SBRT is used to treat extra-cranial sites as opposed to SRS which is used to treat intra-cranial and spinal targets. Treatment of extra-cranial sites excluding the spinal cord and related structures requires accounting for internal organ motion as well as for motion of the person. Thus, reliable immobilization and repositioning systems must often be combined with devices capable of decreasing organ motion or accounting for organ motion. Additionally, all SBRT is performed with at least one form of image guidance to confirm patient positioning and tumor localization prior to delivery of each fraction (session).

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SBRT is only indicated as primary treatment for tumor types or locations where the available published li supports an outcome advantage over other conventional radiation modalities. SBRT may be delivered in one to five sessions (fractions). Each fraction requires an identical degree of precision, localization, and image guidance.

SRS is typically performed in a single session, using a rigidly attached stereotactic guidance device, other immobilization technology, and/or stereotactic-guidance system.

SRS/SBRT procedures including the following components:

1. Planning
2. Position stabilization
3. Imaging for localization
4. Computer assisted tumor localization
5. Treatment planning to include the number of isocenters, number, placement, and length of arcs or angles, number of beams, beam size, beam weight
6. Isodose distributions, dosage preparation, and calculation
7. Setup and accuracy verification testing
8. Simulation of prescribed arcs and/or fixed portals
9. Radiation treatment delivery

SECUR Health Plan considers the following indications for SRS/SBRT for cranial and spinal lesions to be medically necessary:

1. Primary central nervous system malignancies, generally used as a boost or salvage therapy for lesions less than 5 cm.
2. Primary and secondary tumors involving the brain or spine parenchyma, meninges/dura, or immediately adjacent bony structures.
3. Benign brain tumors and spinal tumors such as meningiomas, acoustic neuromas, other schwannomas, pituitary adenomas, pineocytomas, craniopharyngiomas, glomus tumors, and hemangioblastomas.
4. Cranial arteriovenous malformations, cavernous malformations, and hemangiomas.
5. Other cranial non-neoplastic conditions such as trigeminal neuralgia and select cases of medically refractory epilepsy and as a boost treatment for larger cranial or spinal lesions that have not been treated initially with external beam radiation or surgery.
6. Metastatic brain or spine lesions with stable systemic disease, Karnofsky Performance Status 40 or greater, or expected to return to 70 or greater with treatment, and otherwise reasonable survival expectations or Eastern Cooperative Oncology Group (ECOG) Performance Status of 3 or less or expected to return to 2 or less with treatment.
7. Relapse in a previously irradiated cranial or spinal field where the additional stereotactic precision is required to avoid unacceptable vital tissue radiation.
8. Choroidal and other ocular melanomas.

SECUR Health Plan considers the following to not be medically necessary:

1. Treatment for anything other than a severe symptom or serious threat to life or critical functions.
2. Treatment is unlikely to result in functional improvement or clinically meaningful disease stabilization, not otherwise achievable.
3. Members with wide-spread cerebral or extra-cranial metastases with limited life expectancy unlikely to gain clinical benefit within their remaining life.
4. Members with poor performance status, Karnofsky Performance Status less than 40 or an ECOG Performance greater than 3.
5. Cobalt-60 pallidotomy.

SECUR Health Plan considers the following indications for SBRT considered medically necessary:

1. Primary tumors and tumors metastatic to the lung, liver, kidney, adrenal gland, and/or pancreas.
2. Treatment of pelvic and head and neck tumors that have recurred after primary irradiation.
3. Members with clinically localized, low to intermediate risk prostate cancer.
4. Any body site or internal organ is indicated for treatment of recurrence in or near previously irradiated regions when a high level of precision and accuracy or a high dose per fraction is indicated to minimize the

risk of injury to surrounding normal tissues and treatment with conventional methods is not appropriate or safe for the member.

SECUR Health Plan considers the primary treatment of lesions of bone, breast, uterus, ovary, and other internal organs not listed earlier in this coverage determination guideline as not medically necessary. Additionally, SECUR Health Plan considers the following not medically necessary for any condition:

1. Treatment is unlikely to result in clinical cancer control and/or functional improvement.
2. The tumor burden cannot be completely targeted with acceptable risk to critical normal structures.
3. The member has poor performance status, Karnofsky Performance Status less than 40 or an ECOG Performance greater than 3.
4. Recurrent, other than pelvic and head and neck tumors, or metastatic disease could be treated by conventional methods. For consideration, the requesting provider should submit supporting documentation that describes why other radiation methods are not appropriate or safe for the member.
5. Any course of treatment that extends beyond five (5) fractions is not considered SBRT. SBRT is intended to represent a complete course of treatment and not be used as a boost following a conventionally fractionated course of treatment.

Karnofsky Performance Status Scale

- 100 Normal; no complaints, no evidence of disease
- 90 Able to carry on normal activity; minor signs or symptoms of disease
- 80 Normal activity with effort; some signs or symptoms of disease
- 70 Cares for self; unable to carry on normal activity or to do active work
- 60 Requires occasional assistance but is able to care for most needs
- 50 Requires considerable assistance and frequent medical care
- 40 Disabled; requires special care and assistance
- 30 Severely disabled; hospitalization is indicated although death not imminent
- 20 Very sick; hospitalization necessary; active supportive treatment is necessary
- 10 Moribund, fatal processes progressing rapidly
- 0 Dead

ECOG Performance Status Scale

Grade 0: Fully active, able to carry on all pre-disease performance without restriction.

Grade 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work.

Grade 2: Ambulatory and capable of all self-care but unable to carry out and work activities. Up and about more than 50% of waking hours.

Grade 3: Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.

Grade 4: Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

Grade 5: Dead

Note that the *higher* the Karnofsky Performance Status, the better the member is doing and the *lower* the ECOG Performance Status Scale, the better the member is doing.

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