Subject: Stereotactic Radiosurgery and Radiotherapy*

Effective Date: September 11, 2012

Department(s): Utilization Management

Policy: Medically necessary stereotactic radiosurgery and radiotherapy procedures are reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to define the medical criteria and guidelines used to determine medical necessity of stereotactic radiosurgery and radiotherapy.

Procedure:

A. Stereotactic radiosurgery [CPT 77371-7732, 77432, 63620, 63621, 61796-61800, G0339, G0340] is considered medically necessary for treatment of the following conditions:

1. Brain malignancies-primary and metastatic [ICD-9 190.0-192.9; ICD-10 C69.40, C69.41, C69.00, C69.01, C69.02, C69.10, C69.11, C69.12, C69.20, C69.21, C69.22, C69.50, C69.51, C69.52, C69.42, C69.60, C69.61, C69.62, C69.80, C69.81, C69.82; C69.90, C69.91, C69.92]

2. Pituitary adenomas [ICD-9 227.3; ICD-10 D35.2, D35.3]

3. Intracranial arteriovenous malformations that are surgically inaccessible or in poor surgical candidates. [ICD-9 747.81, 747.82; Q28.2, Q28.3,]

4. Vestibular Schwannoma [ICD-9 237.9; ICD-10 D43.3, D43.8, D43.9]
5. Glomus jugulare tumors [ICD-9 237.3; ICD-10 D44.6]

6. Trigeminal neuralgia unresponsive to medical therapy [ICD-9 350.1; ICD-10 G50.0]

7. Spinal and para-spinous tumors, primary and metastatic [ICD-9 170.2, 171,171.7, 171.8; ICD-10 C41.2, C47.6, C47.9 C70.1, C70.9, C72.0, C79.49, D32.1, D33.4, D42.1, D43.4]

8. Non-ruptured cerebral aneurysm [ICD-9 437.3; ICD-10 I67.1]

B. Stereotactic radiotherapy [CPT 77373, 77435] is considered medically necessary for the following conditions:

1. Non-small cell lung cancer stage I and II(T1-3,N0,M0) that is medically or surgically inoperable. [ICD-9 162.2-162.9; ICD-10 C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82]

2. Lung or liver metastatic tumors not amenable to surgery. [ICD-9 162.2-162.9, 155.2; ICD-10 ICD-10 C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82]

3. Recurrent lung cancer amenable to salvage therapy. [ICD-9 162.2-162.9; ICD-10 C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82]

4. Primary hepatocellular carcinoma not amenable to surgery. [ICD-9 155.0; ICD-10 C22.0, C22.2, C22.3, C22.4, C22.7, C22.8]

5. Recurrent pelvic and retroperitoneal tumors with prior radiation and not amenable to surgery [ICD-9 179-189, 152-154.8; ICD-10 C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.0, C21.1, C21.2, C21.8, C51, C51.1, C51.2, C51.8, C51.9 C52, C55, C53.0, C53.8; C53.9, C54.0, C54.1, C54.2, C54.3, C54.8 C54.9; C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C60.0, C60.1, C60.2, C60.8, C63.7, C63.8, C60.9, C61, C62.00, C62.01, C62.02, C62.10, C62.11, C62.12, C62.90, C62.91, C62.92, C63.00, C63.01, C63.02, C63.10, C63.11, C63.12, C63.2, C63.9, C64.1, C64.2, C64.3, C65.1, C65.2, C65.3, C66.1, C66.2, C66.9, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.6, C67.7, C68.0, C68.1, C68.8, C68.9]
References

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.