

Local Coverage Determination (LCD): Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) (L34151)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
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Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

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LCD Information

Document Information

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CMS National Coverage Policy Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, Section 1862(a)(1)(D). This section allows coverage and payment for only those services that are not investigational or experimental.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

Medicare Benefit Policy Manual, Publication 100-2, Chapter 15, Section 90: X-ray, Radium, and Radioactive Isotope Therapy.

Medicare Program Integrity Manual, Publication 100-08, Chapter 13.7.1 and Chapter 13.11, E, 3.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Stereotactic Radiosurgery (SRS)/Stereotactic Body Radiation Therapy (SBRT) (for Cranial Lesions Only) is a method of delivering high doses of ionizing radiation to small intracranial targets. In SRS, highly focused convergent beams are delivered to the target while adjacent structures are spared due to a rapid dose fall-off. SRS relies on stereotactic guidance and many SRS systems use a positioning frame to restrict head movement. Treatments may be delivered between 1-5 sessions. SRS typically is performed in a single session, using a rigidly attached stereotactic guiding device, other immobilization technology and/or a stereotactic-guidance system, but can be performed in a limited number of sessions, up to a maximum of five. **(If more than one session is required, the SBRT codes must be used.)**

SRS requires computer-assisted, three-dimensional planning and delivery with stereotactic and convergent-beam technologies, including, but not limited to: multiple convergent cobalt sources (e.g. Gamma Knife®); protons; multiple, coplanar or non-coplanar photon arcs or angles (e.g. XKnife®); fixed photon arcs; or image-directed robotic devices (e.g. CyberKnife®) that meet the criteria. To assure quality of patient care, the procedure involves a multidisciplinary team consisting of a neurosurgeon, radiation oncologist, and medical physicist. (For a subset of tumors involving the skull base, the multidisciplinary team may also include a head and neck surgeon with training in stereotactic radiosurgery.)

Regardless of the number of sessions, all SRS procedures include the following components:

1. Planning
2. Position stabilization (attachment of a frame or frameless)
3. Imaging for localization (CT, MRI, angiography, PET, etc.)
4. Computer assisted tumor localization (i.e. "Image Guidance")
5. Treatment planning – number of isocenters, number, placement and length of arcs or angles, number of beams, beam size and weight, etc.
6. Isodose distributions, dosage prescription and calculation
7. Setup and accuracy verification testing
8. Simulation of prescribed arcs or fixed portals
9. Radiation treatment delivery

Radiation oncologists and neurosurgeons have separate CPT billing codes for SRS. CPT Codes 61781-61783, 61796-61800 and 63620 and 63621 are reported for the work attributed to the neurosurgeon. These codes are mutually exclusive with the radiation oncology CPT codes 77432 and 77435; therefore the same physician should not bill for both of these codes.

A radiation oncologist may bill the SRS management code 77432 *stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)* for single fraction intracranial SRS and only once per treatment course) when and only when fully participating in the management of the procedure. CPT 77432 will be paid only once per course of treatment for cranial lesions regardless of the number of lesions. When SRS is administered in more than one but not more than five fractions to the brain or in one through five fractions to the spine, the radiation oncologist should instead bill the Stereotactic Body Radiation Therapy (SBRT) code 77435 to cover patient management during the course of therapy. CPT 77435 will be paid only once per course of therapy regardless of the number of sessions, lesions or days of treatment. The radiation oncologist may not bill 77432 and 77435 for the same course of therapy. In addition to the management codes, a radiation oncologist may bill other appropriate radiation oncology (77xxx) codes for services performed prior to the delivery of SRS as indicated by the pattern of care and other Medicare policies.

No one physician may bill both the neurosurgical codes 61781-83, 61796-61800, 63620 or 63621 and the radiation oncology 77xxx codes. The physician(s) billing these codes must be physically present during the entire process of defining the target volume and structures at risk. If either the radiation oncologist or the neurosurgeon does not fully participate in the patient's care, that physician must take care to indicate this change by using the appropriate – 54 modifier (followed by any appropriate – 55 modifier) on the global procedure(s) submitted. As the services are collegial in nature with different specialties providing individual components of the treatment, surgical assistants will not be reimbursed.

The technical charges used by hospital-based and outpatient facilities for SRS delivery are described by the CPT codes listed below. It is not appropriate to bill more than one treatment delivery code on the same day of service, even though some types of delivery may have elements of several modalities (for example, a stereotactic approach with IMRT). Only one delivery code is to be billed.

Other radiation oncology professional and technical services required prior to the delivery of SRS are coded separately and may be appropriately billed by the radiation oncologist, when necessary.

Indications for SRS/SBRT (for Cranial Lesions only):

1. Primary central nervous system malignancies, generally used as a boost or salvage therapy for lesions < 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, 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. As a boost treatment for larger cranial or spinal lesions that have been treated initially with external beam radiation therapy or surgery (e.g. sarcomas, chondrosarcomas, chordomas, and nasopharyngeal or paranasal sinus malignancies).
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 other wise reasonable survival expectations, OR an 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. Unilateral thalamotomy using stereotactic radiosurgery may be used to treat limb tremor in Essential Tremor that is refractory to medical management using at least two drugs but is not currently recommended by the Guidelines of the American Academy of Neurology.

Limitations for SRS/SBRT (for Cranial Lesions only):

SRS is not considered medically necessary under the following circumstances:

1. Treatment for anything other than a severe symptom or serious threat to life or critical functions.
2. Treatment unlikely to result in functional improvement or clinically meaningful disease stabilization, not otherwise achievable.
3. Patients with wide-spread cerebral or extra-cranial metastases with limited life expectancy unlikely to gain clinical benefit within their remaining life.
4. Patients with poor performance status (Karnofsky Performance Status less than 40 or an ECOG Performance greater than 3)- see Karnofsky and ECOG Performance Status scales below.
5. Cobalt-60 pallidotomy is non-covered.
6. Basic dosimetry calculations (77300) are limited to one (1) unit for each arc in a linear accelerator system and one (1) unit for each shot in Cobalt-60 system with a maximum of ten (10) units.
7. Treatment devices, complex (77334) is limited to one unit for each collimator in a linear accelerator system or one for each helmet in a cobalt-60 system. If the total number of units exceeds six (6) or the number of isocenters plus three (3) when multiple isocenters are necessary, a detailed explanation of medical necessity must be documented in the medical record. (See Documentation Guidelines.)

Stereotactic Body Radiation Therapy (SBRT)

SBRT is a treatment that couples a high degree of anatomic targeting accuracy and reproducibility with very high doses of extremely precise, externally generated, ionizing radiation, thereby maximizing the cell-killing effect on the target(s) while minimizing radiation-related injury in adjacent normal tissues. SBRT is used to treat extra-cranial sites as opposed to stereotactic radiosurgery (SRS) which is used to treat intra-cranial and spinal targets.

The adjective "stereotactic" describes a procedure during which a target lesion is localized relative to a known three dimensional reference system that allows for a high degree of anatomic accuracy and precision. Examples of devices used in SBRT 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 confirmed the location of a tumor immediately prior to treatment.

Treatment of extra-cranial sites requires accounting for internal organ motion as well as for patient motion. Thus, reliable immobilization or repositioning systems must often be combined with devices capable of decreasing organ motion or accounting for organ motion e.g. respiratory gating. Additionally, all SBRT is performed with at least one form of image guidance to confirm proper patient positioning and tumor localization prior to delivery of each fraction. The ASTRO/ACR Practice Guidelines for SBRT outline the responsibilities and training requirements for personnel involved in the administration of SBRT.

SBRT may be delivered in one to five sessions (fractions). Each fraction requires an identical degree of precision, localization and image guidance. Since the goal of SBRT is to maximize the potency of the radiotherapy by completing an entire course of treatment within an extremely accelerated time frame, any course of radiation treatment extending beyond five fractions is not considered SBRT and is not to be billed using these codes. SBRT is meant to represent a complete course of treatment and not to be used as a boost following a conventionally fractionated course of treatment.

Stereotactic Body Radiation Therapy (SBRT) addresses only the CPT codes for SBRT treatment management - 77435, and SBRT treatment delivery -77373, G0339, and G0340.

When billing for SBRT *delivery*, it is not appropriate to bill more than one treatment delivery code on the same day of service, even though some types of delivery may have elements of several modalities (for example, a stereotactic approach with intensity-modulated static beams or arcs.) Also, *only one*, delivery code is to be billed even if multiple lesions are treated on the same day.

Indications for Stereotactic Body Radiation Therapy (SBRT):

SBRT is indicated for primary tumors of and tumors metastatic to the **lung, liver, kidney, adrenal gland, or pancreas as well as for pelvic and head and neck tumors that have recurred after primary irradiation** when and only when each of the following criteria are met, and each specifically documented in the medical record. Multiple ICD-10 codes fit this description and they are not listed in detail here.

1. The patient's general medical condition (notably, the performance status) justifies aggressive treatment to a primary cancer or, for the case of metastatic disease, justifies aggressive local therapy to one or more discrete deposits of cancer within the context of efforts to achieve total clearance or clinically beneficial reduction in the patient's overall burden of systemic disease.

2. Other forms of radiotherapy, including but not limited to external beam and IMRT, cannot be safely or effectively utilized.
3. The tumor burden can be completely targeted with acceptable risk to critical normal structures.
4. If the tumor histology is germ cell or lymphoma, effective chemotherapy regimens have been exhausted and external beam radiation is ineffective or inappropriate for the patient as fully explained in the medical record.

Other Neoplasms:

? For patients with tumors of any type arising in or near previously irradiated regions, SBRT may be appropriate when a high level of precision and accuracy is needed to minimize the risk of injury to surrounding normal tissues. Also, in other cases where a high dose per fraction treatment is indicated SBRT may be appropriate. The necessity should be documented in the medical record.

Coverage may be considered at the Redetermination (Appeal) level on an individual basis for lesions when documentation clearly supports the necessity for high radiation dose per fraction and the necessity to avoid surrounding tissue exposure.

Low or intermediate risk prostate cancer may be covered when the patient is enrolled in an IRB-approved clinical trial and which clinical trial meets the "standards of scientific integrity and relevance to the Medicare population" described in IOM 100-03, National Coverage Determinations Manual, Chap 1, Part 1, section 20.32, B3a-k (with I-m desirable). Similarly, enrollment in a clinical registry compliant with the principles established in AHRQ's "Registries for Evaluating Patient Outcomes: A User's Guide", such as the Registry for Prostate Cancer Radiosurgery (RPCR), may qualify the treatment for coverage.

Limitations for Stereotactic Body Radiation Therapy (SBRT):

? Primary treatment of lesions of bone, breast, uterus, ovary, and other internal organs not listed earlier in this LCD as covered is non-covered. The literature does not support an outcome advantage over other conventional radiation modalities. However, SBRT treatment in the setting of recurrence after conventional radiation modalities have been utilized may be covered.

SBRT is not considered medically necessary under the following circumstances for any condition:

1. Treatment 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. Patients with poor performance status (Karnofsky Performance Status less than 40 or Eastern Cooperative Oncology Group (ECOG) Status of 3 or worse).

Karnofsky Performance Status Scale (Perez and Brady, p225)

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

Karnofsky DA, Burchenal JH. (1949). "The Clinical Evaluation of Chemotherapeutic Agents in Cancer." In: MacLeod CM (Ed), Evaluation of Chemotherapeutic Agents. Columbia Univ Press. Page 196.

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

Grade 5: Dead

Eastern Cooperative Oncology Group, Robert Comis M.D., Group Chair.

*As published in Am. J. Clin. Oncol.: *Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carone, P.P.; Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.*

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
022x Skilled Nursing - Inpatient (Medicare Part B only)
085x Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

033X Radiology - Therapeutic and/or Chemotherapy Administration - General Classification
034X Nuclear Medicine - General Classification
040X Other Imaging Services - General Classification

CPT/HCPCS Codes

Group 1 Paragraph: Stereotactic Radiosurgery (SRS)/SBRT (for Cranial Lesions only) Services

Group 1 Codes:

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

Group 2 Paragraph: Stereotactic Body Radiation Therapy (SBRT) Services.

The CPT 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

Group 2 Codes:

- 77373 STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS
- 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

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: Note: Diagnosis codes are based on the current ICD-10-CM codes that are effective at the time of LCD publication. Any updates to ICD-10-CM codes will be reviewed by Noridian; and coverage should not be presumed until the results of such review have been published/posted.

These are the **only** covered ICD-10-CM codes that support medical necessity under this LCD:

Stereotactic Radiosurgery Services and Stereotactic Body Radiation Therapy (for Cranial Lesions only) - (CPT 77371, 77372, 77373, 77432, 77435, G0339, and G0340:

Group 1 Codes:

ICD-10 Codes

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
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

ICD-10 Codes	Description
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
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
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
G51.3	Clonic hemifacial spasm
G51.4	Facial myokymia
G51.8	Other disorders of facial nerve

ICD-10 Codes	Description
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.

Group 2 Paragraph: Stereotactic Body Radiation Therapy (SBRT) Services (CPT 77373, 77435, G0339 and G0340:

Group 2 Codes:

ICD-10 Codes	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
C10.0*	Malignant neoplasm of vallecula

ICD-10 Codes**Description**

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
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.

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: All ICD-10-CM codes not listed in this policy under ICD-10-CM Codes that Support Medical Necessity above.

Group 1 Codes: N/A

ICD-10 Additional Information

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General Information

Associated Information

Except where other requirements are explicitly written in this LCD, Noridian requires the exact degree of documentation described in the most recent edition of the ASTRO/ACR Guide to Radiation Oncology Coding.

The patient's record must support the necessity and frequency of treatment. The medical record must clearly indicate the critical nature of the anatomy or other circumstances necessitating the services. Medical records should include not only the standard history and physical but also the patient's functional status and a description of current performance status (Karnofsky Performance Status). See Karnofsky Performance Status listed under Indications and Limitation of Coverage and/or Medical Necessity above.

Documentation should include the date and the current treatment dose. A radiation oncologist and a neurosurgeon must evaluate the clinical aspects of the treatment, and document and sign this evaluation as well as the resulting management decisions.

For CPT codes 77300 and 77334: Documentation must specify factors, such as, multiple isocenters, irregularity of target volume(s), proximity of critical structures or other reasons which justify the units of service for dosimetry or treatment devices.

All documentation must be available upon request of the Medicare contractor.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
07/01/2016	R4	<p>LCD is revised to add G25.0 to Group 1 ICD-10 codes. Coverage Indications, Limitations and/or Medical Necessity were revised to include, "8. Unilateral thalamotomy using stereotactic radiosurgery may be used to treat limb tremor in Essential Tremor that is refractory to medical management using at least two drugs but is not currently recommended by the Guidelines of the American Academy of Neurology" and Sources of Information and Basis for Decision was updated to include, " 8. Zesiewicz TA, Elble R, Louis ED, et al., Practice Parameter: Therapies for essential tremor, Report of the Quality Standards Subcommittee of the American Academy of Neurology, <i>Neurology</i> 2005; 64; 2008-2020, 2005."</p> <p>This LCD, effective 07/01/2016, combines JFA L34136 into the JFB LCD so that both JFA and JFB contract numbers will have the same MCD LCD number.</p>	<ul style="list-style-type: none">• Reconsideration Request
10/01/2015	R3	<p>Coverage Indications, Limitations and/or Medical Necessity above were revised to remove the clinical trial requirement for patients with greater than 3 primary or metastatic brain lesions.</p>	<ul style="list-style-type: none">• Reconsideration Request

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R2	Removed: CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §160.4. from CMS National Coverage Policy section. This LCD is revised to remove the paragraph, "When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and any pertinent peer-reviewed literature that supports the request. At a minimum two (2) Phase II studies (human studies of efficacy, pivotal) or one (1) Phase III study (evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review." from the Associated Information field.	<ul style="list-style-type: none"> Other (Removed the paragraph, "When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and any pertinent peer-reviewed literature that supports the request. At a minimum two (2) Phase II studies (human studies of efficacy, pivotal) or one (1) Phase III study (evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review.")
10/01/2015	R1	The following CPT/HCPCS codes were deleted due to CPT/HCPCS annual updates: G0173 and G0251 from Group 1 and G0251 from Group 2, effective 01/01/2015.	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 06/03/2016 with effective dates 07/01/2016 - N/A [Updated on 07/21/2015 with effective dates 10/01/2015 - 06/30/2016](#) [Updated on 03/27/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 12/12/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 03/31/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

- SRS
- SBRT
- Stereotactic
- Radiation
- Radiosurgery
- Gamma Knife
- XKnife
- CyberKnife

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