Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT)
Medicare Local Coverage Determination (LCD) - L33410 Checklist

LCD L33410 **Patient Name:**	**MR:**

Effective Date: For services performed on or after 04/19/2020

Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) are noninvasive radiotherapies to discrete tumor foci in cranial or extra cranial locations respectively, delivered in one to five fractions via stereotactic guidance by means of using high degree of anatomic targeting accuracy and reproducibility with very high doses of extremely precise, externally generated, ionizing radiation that allows maximum ablative effect on the target(s) while minimizing collateral damage to adjacent tissues.

COVERAGE INDICATIONS

☐ Patient diagnoses supports medical necessity *Refer to Local Coverage Article - Coding and Billing: SRS and SBRT to view qualifying diagnoses codes.* A57275

☐ **SRS is medically necessary when one of the following conditions and outlined criteria are met:**

1. Primary central nervous system malignancies, generally used as a boost or salvage therapy for lesions <5cm
2. Primary and secondary tumors involving the brain parenchyma, meninges/dura, or immediately adjacent bony structures
3. Benign brain tumors (cranial meningiomas, acoustic neuromas/schwannomas, pituitary adenomas, pineocytomas, craniopharyngiomas, glomus tumors, hemangioblastomas)
4. Cranial arteriovenous malformations and cavernous malformations
5. Trigeminal neuralgia not responsive to medical management
6. Medically refractory epilepsy
7. Movement disorder (Parkinson's disease, essential tremor) refractory to conventional therapy & major system disease/coagulopathy & unwilling/unsuited for an invasive procedure
8. Hypothalamic hamartomas
9. As a boost treatment for larger cranial or spinal lesions treated initially with external beam radiation therapy or surgery (e.g., sarcomas, chondrosarcomas, etc.)
10. Metastatic brain lesions, independent of the number of lesions if other positive clinical indications exist, with stable systemic disease, KPS* ≥ 40 (expected to return to ≥70 with treatment), and with reasonable survival expectations, *OR* ECOG* Performance Status ≤ 3 (or expected to return to ≤ 2 with treatment). ** See LCD for more info.*
11. Relapse in a previously irradiated cranial field where the additional stereotactic precision is required to avoid unacceptable vital tissue radiation.

SRS Non-covered Procedures *: • Treatment is unlikely to result in functional improvement or clinically meaningful disease stabilization, not otherwise achievable.• Patient with wide-spread cerebral or extra-cranial metastases with limited life expectancy unlikely to gain clinical benefit within their remaining life. • Patient with poor performance status (KPS < 40 or ECOG Performance > 3). • Limited to unilateral thalamotomy for movement disorders (Parkinson's disease/essential tremor/other disabling tremors).*

☐ **SBRT is medically necessary when one of the following conditions and the outlined criteria are met:**

1. Lung Tumors - primary & metastatic: ***a.*** *Early stage primary tumor/inoperable patient* *OR* ***b*** *. Recurrent early stage lung cancer/inoperable patient* *OR* ***c.*** *Early stage primary tumor/high operative risk patient* *OR* ***d*** *. Limited metastatic disease/good performance status/intent to eradicate active disease or reduce burden to extend progression-free survival.*
2. Liver/Kidney/Adrenal Gland/Pancreas Tumors (any) - primary & metastatic: **a.** *Primary tumors & patient is not a surgical candidate* *OR* ***b.*** *Limited metastatic disease/good performance status/intent to eradicate active disease or reduce disease burden to extend progression-free survival.*
3. Pelvic/Head/Neck Tumors - recurred after primary irradiation: ***a*** *. The patient's general medical condition (the performance status) justifies aggressive, curative treatment to a primary, non-metastatic cancer* *OR* ***b*** *. Metastatic disease requiring palliation cannot be treated by conventional methods due to proximity of adjacent prior irradiated volumes and other measures are not appropriate or safe for the particular patient* *OR* ***c.*** *The patient's general medical condition justifies aggressive local therapy to one or more deposits of metastatic cancer to achieve total disease clearance in the setting of oligometastatic disease or to reduce burden of systemic disease for a specifically defined clinical benefit* *AND* ***d.*** *The targeted tumor(s) can be completed encompassed with acceptable risk to nearby critical normal structures.*
4. Prostate Cancer - (low to intermediate risk)
5. Bone Metastases - in the vertebral bodies or the paraspinous region/extra care taken to avoid excess irradiation of the spinal cord when tumor-ablative doses are administered: *a.Limited metastatic disease/good performance status/intent to eradicate active disease or reduce disease burden to extend progression-free survival.*
6. Tumors arising in/near previously irradiated regions - high level of precision and accuracy required to minimize the risk of injury to surrounding normal tissues.
7. Tumors requiring a high dose per fraction treatment above the level obtainable with other methods of radiation therapy.

SBRT Non-Covered Procedures *:• Any course of radiation treatment extending beyond five fractions is not considered SBRT and is not to be billed as such. • Not be used as a boost following a conventionally fractionated course of treatment. • Treatment is unlikely to result in clinical cancer control and/or functional improvement. • The tumor burden cannot be completely targeted with acceptable risk to nearby critical normal structures. • Patients with poor performance status (KPS < 40 or ECOG 3 or worse).*

☐	Physician supervision requirements are met - *Refer to annual (e.g. 2020) National Physician Fee Schedule Relative Value file (supervision req. per each CPT code)*	link

MEDICAL RECORD DOCUMENTATION

☐	Maintained in medical records; treating physician/practitioner's legible signatures; appropriate patient identification info; dates of service.
☐	**SBRT**:• Evaluation signed by a radiation oncologist: clinical and technical aspects of the treatment and the resulting management decision • Technical aspects of treatment planning and delivery with prescribed dose to the target and relevant dose-limiting normal structures, the actual dose delivered, and dates of treatment delivery. • Rationale for selecting SBRT treatment/lower risk to normal tissue/lower risk of disease recurrence/advantages of the treatment over conventional radiation therapy, IMRT or 3-dimensional conformal radiation. • Dosimetric evidence of reduced normal tissue toxicity and/or improved tumor control.
☐	**SRS**: • Date and current treatment dose •Evaluation signed by radiation oncologist & neurosurgeon: *clinical* aspects of the treatment and the resulting management decisions • Evaluation signed by radiation oncologist and medical physicist: *technical* aspects of the treatment and the resulting treatment management decisions.
☐	Supports the necessity and frequency of treatment. Includes patient's history, physical, and current functional status (Karnofsky or ECOG scale) with its description.
☐	Clinical documentation supporting the selected diagnosis (ICD-10-CM) and procedure (CPT) codes for billing

CODING and BILLING

One Session Cranial Treatment (entire course; all lesions)**:** Plan/prep. within 30 days prior/post treatment (CPT 70551-3, 77011, 77014, 77280, 77285, 77290, 77295, 77336) Note: paid as a separate APC; Treatment Delivery (CPT 77371 - Cobalt 60) or (CPT 77372 linac-based); Treatment Management (CPT 77342)
Fractionated Treatment - Any body part including brain (up to 5 sessions; all lesions): Plan/prep.- use codes accurately; Treatment Delivery - per fraction (CPT 77373); Treatment Management - entire treatment (CPT 77435). ***Alert: Do not report together:*** *a) 77432 for the 1st fraction and 77427, 77431, or 77435 for the remaining fractions (same episode of care) b) 77432 and 77470, 77427, 77431, 77435 (same DOS) c) 77371-77373* with 77387-TC or 77014 *(codes include image guidance).*
Prolonged Cranial Radiation Therapy (treatment for 1-6 weeks) - use codes for conventionally fractionated radiotherapy.
Professional Codes: Neurosurgeon CPT codes (61796 - 61800) & Radiation Oncologist CPT codes (77432 and 77435)* are mutually exclusive *(codes include image guidance).
Re-determination process for services not meeting medical necessity requirements per LCD; **Non-covered service:** deliver ABN and use ABN modifiers

Note: Compliance with the provisions in LCD (L33410) may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Checklist completed by: **Date:**

Disclaimer: *The content of the checklists were created as an educational tool. Use of these documents are not intended as a replacement for the documentation requirements published in National or Local Coverage Determinations, or the CMS's documentation guidelines, written law or regulations. Medicare policy changes frequently; Providers/Departments are reminded to review current National and Local Coverage Determination and Policy Articles for specific documentation and coding guidelines.*