

Stereotactic Radiosurgery Policy

CVS Health considers stereotactic radiosurgery (SRS) medically necessary for the treatment of many tumor types. SRS is type of radiation, delivered in a single fraction, that uses a high dose of radiation delivered conformally to a small target, leaving the nearby organs at risk unaffected. Immobilization is critical in SRS, and can be done either with a head-ring frame secured with local anesthetic or frameless system. Precise target delineation is also a key tenet of SRS, and can be achieved using computerized tomography (CT), angiography, and magnetic resonance imaging (MRI). SRS can be delivered either with a radioactive source-based system, such as GammaKnife, or with a linear accelerator. GammaKnife uses Cobalt-60 and a collimator system to deliver over 200 finely focused beams of gamma radiation that simultaneously intersect at the precise location of the radiation target. SRS is useful for the treatment of both benign and malignant intracranial conditions.

CVS Health considers SRS medically necessary for the following indications and after consideration of other clinical factors:

- A. Primary and secondary tumors involving the brain or spine parenchyma, meninges/dura, or immediately adjacent bony structures.
 - i. For secondary tumor of the brain (brain metastases), SRS is considered appropriate in the following clinical scenarios:
 1. Karnofsky Performance Status (KPS) 40 or greater (or expected to return to 70 or greater with treatment) and otherwise reasonable survival expectations, *or*
 2. Eastern Cooperative Oncology Group (ECOG) Performance Status of 3 or less (or expected to return to 2 or less with treatment); *and*
 3. <10 metastatic lesions total
 4. control of or expected control of extracranial disease with anti-neoplastic therapy
- B. Benign brain tumors and spinal tumors such as meningiomas, acoustic neuromas, other schwannomas, pituitary adenomas, pineocytomas, craniopharyngiomas, glomus tumors, hemangioblastomas
- C. Cranial arteriovenous malformations, cavernous malformations, and hemangiomas
- D. Choroidal and other ocular melanomas; also secondary malignant neoplasm of eye, uvea, choroid
- E. Trigeminal neuralgia

The final medical necessity will be determined based on the terms of the member's benefit plan. Please check benefit plan descriptions.

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