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2025 Stereotactic Body Radiation Therapy (SBRT)/ Stereotactic Radiosurgery (SRS)

Radiation Therapy

RT-STER-MOH

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2025 Stereotactic Body Radiation Therapy (SBRT)/ Stereotactic Radiosurgery (SRS)

Overview

Stereotactic Body Radiation Therapy (SBRT) is a specialized form of radiation therapy that targets tumors with high precision and intensity, minimizing damage to surrounding healthy tissue. It's particularly indicated for primary malignant tumors of the lung, liver, kidney, adrenal gland, pancreas, bone, and prostate, as well as primary malignant and benign tumors of the spine and spinal cord. SBRT is often considered for patients who have small, well-defined tumors and for those who may not be suitable candidates for surgery. The American Society for Radiation Oncology (ASTRO) provides guidelines on the use of SBRT, emphasizing its role as an alternative to surgery, especially for medically inoperable patients. Treatment planning for SBRT follows a meticulous process to ensure the radiation dose is accurately delivered to the target volume. This involves advanced imaging techniques to define the tumor's location and the use of devices for stereotactic guidance during radiation delivery.

Stereotactic Body Radiation Therapy (SBRT) is distinguished from other forms of radiation therapy by its ability to deliver high doses of radiation to a target with sub-millimeter precision, reducing exposure to surrounding healthy tissues. Unlike conventional radiation therapy, which may require daily treatments over several weeks, SBRT typically involves fewer sessions, sometimes as little as one to five treatments. This is possible due to the advanced imaging and targeting techniques of SBRT, which allow for a more aggressive approach to irradiating tumors while sparing normal tissue. In comparison, Intensity Modulated Radiation Therapy (IMRT) also aims to limit damage to healthy tissue but does so over a longer course of treatment with a lower dose per session. Proton therapy, another alternative, uses protons instead of photons to damage the DNA of cancer cells, with a lower exit dose, potentially reducing side effects further. Each therapy type has its indications based on tumor location, size, and patient health, and the choice of treatment is a decision made by the medical team based on these factors. SBRT has shown promising results, especially in cases where surgery is not an option, and continues to be an area of active research and clinical trials to further understand its comparative effectiveness .and long-term outcomes.

HealthHelp’s guidelines are based on evidence-based clinical parameters and are designed to support clinical decision-making while ensuring appropriate use of resources. The guidelines are consistent with the National Comprehensive Cancer Network (NCCN) Compendium that includes treatment recommendations based on current evidence and is recognized by public and private insurers as a reference for radiation oncology coverage policy. In addition, the guidelines take into account recommendations from the American Society for Radiation Oncology (ASTRO) and also the relevant medical literature. Due to the high doses of radiation, the decision to use Stereotactic Body Radiation Therapy (SBRT) in patients with poor functional status is not recommended.

The following is a summary table of primary tumors as well as metastatic disease including the number of fractions, tumor size, and number of radiation sites if applicable. An important consideration for the utilization of SBRT is the patient's disease status and extent of disease. **HealthHelp is consistent with Medicare and NCCN and requires an ECOG score 2 or less or a Karnofsky (KPS) of 70 or greater for approval.** This table has been adopted from NCCN.

Organs at risk (OARs) in SBRT/SRS include the spinal cord, nerve roots, esophagus, larynx, kidney, bowel, optic apparatus, and brain structures such as the brainstem. **Confirmation of treatment planning is required to protect these organs and prevent complications.** [48] [57] [9] [64]

Body System	Primary Condition Cancer Type	Fraction(s)	Metastases	Other
Blood, Bone and Lymphatic System				The current therapy remains uncertain
Bone Metastases		5 or less	4 or less	
Breast				The current therapy remains uncertain
Central Nervous System	Brain Metastases: 2.5 cm or less	1	4 or less	
	Brain Metastases: greater than 2.5 cm	2-5	4 or less	
	Glioma	5		
	Meningioma Grade 1	1		
	Meningioma Grade 2	2-5		
	Spine Metastases: less than 2.5 cm	5 or less	4 or less	
Gastrointestinal	Anal	5 or less	Oligometastatic	
	Colon	5 or less	Oligometastatic	
	Esophageal	5 or less	Oligometastatic	
	Rectal	5 or less	Oligometastatic	
	Gastric	5 or less		
	Small Bowel Adeno-carcinoma	5 or less		
Genitourinary	Adrenal Gland	5 or less		
	Bladder			The current therapy remains uncertain
	Penile			The current therapy remains uncertain

Body System	Primary Condition Cancer Type	Fraction(s)	Metastases	Other
	Prostate: low risk	4-7		
	Prostate: favorable/unfavorable intermediate risk	4-7		
	Prostate: high/very high risk	4-7		
	Prostate: Low Metastatic Burden, M1	6		
	Renal: **Stage 1 ONLY or T1 tumor less than 7 cm in diameter**	5 or less		Medically inoperable **AND** ineligible for ablation
	Testicular (Pure Seminoma)	5 or less		
	Uretheral	5 or less		
Gynecological	Cervical	5 or less	Oligometastatic	
	Endometrial	5 or less	Oligometastatic	
	Ovarian	5 or less	Oligometastatic	
	Vaginal	5 or less	Oligometastatic	
	Vulvar	5 or less	Oligometastatic	
Head and Neck	Head and Neck	5 or less	Oligometastatic	
	Ocular	5 or less	Oligometastatic	
	Thyroid	5 or less	Oligometastatic	
Hepatobiliary	Biliary Tract	5 or less		Unresectable disease
	Liver	5 or less		
	Pancreatic Adenocarcinoma	5 or less		Primary **OR** metastatic
Neurological	Epilepsy			The current therapy remains uncertain
	Essential Tremors			The current therapy remains uncertain
	Parkinson's Disease			The current therapy remains uncertain
	Trigeminal Neuralgia			The current therapy remains uncertain
Pediatric	**ALL** Pediatric Cancers			The current therapy remains uncertain

Body System	Primary Condition Cancer Type	Fraction(s)	Metastases	Other
Sarcoma	**ALL** Sarcoma			The current therapy remains uncertain
Skin	Basal Cell Carcinoma			The current therapy remains uncertain
	Dermatofibrosarcoma Protuberans			The current therapy remains uncertain
	Merkel Cell			The current therapy remains uncertain
	Squamous Cell Carcinoma			The current therapy remains uncertain
	Melanoma	5 or less		
Thoracic	Mesothelioma			The current therapy remains uncertain
	Non-Small Cell Lung Cancer (NSCLC)	1		Palliative Treatment
	NSCLC	5 or less		
	Small Cell Lung Cancer (SCLC): limited stage [stage I–IIA (T1–2, N0, M0)]	5 or less		
	SCLC: extensive stage			The current therapy remains uncertain
	Thymoma/Thymic Carcinoma	5 or less		

References:[17] [30] [31] [32] [33] [37] [40] [41] [44] [45] [46] [58] [69] [70] [80] [81] [84] [36] [1] [2] [4] [5] [6] [7] [8] [9] [10] [11] [12] [13] [14] [15] [16] [19] [21] [22] [25] [26] [27] [28] [29] [34] [35] [38] [39] [47] [48] [49] [51] [52] [53] [56] [57] [59] [62] [63] [65] [66] [67] [20] [18] [71] [72] [74] [75] [76] [78] [79] [85] [3] [73] [83] [68] [61] [43] [24] [77]

LCD 35076

See also, **LCD 35076**: Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 39553
See also, **LCD 39553 Radiation Therapies** at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

SRS Procedure Codes

Table 1. Stereotactic Radiosurgery (SRS) Associated Procedure Codes

CODE	DESCRIPTION
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS)
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
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
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions

Stereotactic Body Radiation (SBRT) and Stereotactic Radiosurgery (SRS) Summary of Changes

The SBRT/SRS guideline in 2025 had the following changes:

- Changed the following:
  - Genitourinary Cancer:
    - Prostate: very low/low risk changed to Prostate: low risk based on NCCN evidence
  - Thoracic:
    - Thymoma/Thymic Cancer to Thymoma/Thymic Carcinoma to mirror NCCN guidelines

- Added the following:
  - Genitourinary Cancer:
    - Added "intermediate risk" to "Prostate: favorable/unfavorable" to mirror NCCN phrasing
    - Added "T1 tumor less than 7 cm in diameter" to "Renal: **Stage 1 ONLY**" to further elaborate inclusion
  - Thoracic:
    - Added term "stage I–IIA (T1–2, N0, M0)" to SCLC limited stage to further elaborate inclusion
  - Added pediatric cancer: remains uncertain due to the use of SBRT in pediatric patients has been limited by concerns over significant early toxicity and potential late effects based on published clinical data.
- Citations updated, evidence review completed.

SBRT/SRS Definitions

Acute lymphoblastic leukemia (ALL) is a type of cancer of the blood and bone marrow where blood cells are made. The disease progresses rapidly and creates immature blood cells. The word "lymphocytic" in ALL refers to the white blood cells called lymphocytes. It is the most common type of cancer in children, and treatments result in a good chance for a cure. ALL can also occur in adults, though the chance of a cure is greatly reduced.
Acute myelogenous leukemia (AML) is a cancer of the blood and bone marrow where blood cells are made. It progresses rapidly and affects a group of white blood cells called the myeloid cells. These cells normally develop into the various types of mature blood cells, such as red blood cells, white blood cells and platelets. AML is also known as acute myeloid leukemia, acute myeloblastic leukemia, acute granulocytic leukemia and acute nonlymphocytic leukemia.
Adenocarcinoma is a type of cancer that originates in glandular epithelial cells, which are cells that line the inside of organs and produce secretions.
Anal cancer is a disease in which malignant (cancer) cells form in the tissues of the anus
Basal cell carcinoma (BCC) is a skin cancer derived from and preserving the form of the basal cells of the skin.
B-cell lymphoma is a type of cancer that forms in B-cells (a type of immune system cell). B-cell lymphomas may be either indolent (slow-growing) or aggressive (fast-growing). Most B-cell lymphomas are non-Hodgkin lymphomas. There are many different types of B-cell non-Hodgkin lymphomas. These include Burkitt lymphoma, chronic lymphocytic leukemia/small lymphocytic

lymphoma (CLL/SLL), diffuse large B-cell lymphoma, follicular lymphoma, and mantle cell lymphoma.

Biliary tract cancer is a rare cancer that forms in the cells that line the bile ducts, gallbladder, or ampulla of Vater (the area where the bile ducts from the liver and pancreas join and enter the first part of the small intestine). Biliary tract cancers tend to grow and spread quickly. They are usually diagnosed at an advanced stage and have a poor prognosis (outcome).

Bladder cancer is cancer that forms in tissues of the bladder (the organ that stores urine).

Breast cancer is a disease in which cells in the breast grow out of control. The kind of breast cancer depends on which cells in the breast turn into cancer. There are different kinds of breast cancer, including invasive ductal carcinoma, invasive lobular carcinoma, ductal carcinoma in situ (DCIS), paget's disease, medullary, mucinous, and inflammatory breast cancer.

Cervical cancer forms in tissues of the cervix (the organ connecting the uterus and vagina).

Chronic lymphocytic leukemia (CLL) is the most common type of leukemia in adults. It's a type of cancer that starts in cells that become certain white blood cells (called lymphocytes) in the bone marrow. The cancer (leukemia) cells start in the bone marrow but then moves into the blood.

Chronic myeloid leukemia (CML), also known as chronic myelogenous leukemia, is a type of cancer that starts in certain blood-forming cells of the bone marrow.

Colon cancer is a type of cancer that begins in the large intestine (colon).

Dermatofibrosarcoma protuberans (DFSP) is a rare type of soft tissue sarcoma that develops in the deep layers of skin.

Eastern Cooperative Oncology Group (ECOG) scale describes an individual's level of functioning in terms of the ability to care for one's self, daily activity and physical ability (eg, walking, working).

Table 1. ECOG Performance Status Scale

Grade	ECOG PERFORMANCE STATUS
0	Fully active, able to carry on all pre-disease performance without restriction
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
2	Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours
3	Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours
4	Completely disabled; cannot carry on any selfcare; totally confined to bed or chair
5	Dead

Source: https://ecog-acrin.org/resources/ecog-performance-status/

Endometrial cancer is a type of cancer that begins in the lining of the uterus.

Esophageal cancer is cancer that forms in tissues lining the esophagus (the muscular tube through which food passes from the throat to the stomach).

Extensive stage small cell lung cancer is a type of lung cancer that has spread beyond the lungs or to other parts of the body. It can spread to the other lung, lymph nodes, bones, brain, bone marrow or fluid around the heart or lungs.
Gastric cancer also called stomach cancer, is cancer that forms in tissues lining the stomach.
Head and Neck Cancer: Head and neck cancer is defined as malignancies arising from the mucosal linings of the upper aerodigestive tract, sinonasal cavities, salivary glands, or structures of the base of the skull. These type of cancers include, but are not limited to:

- Head and Neck lymphoma
- Hypopharyngeal cancer
- Laryngeal cancer
- Oral squamous cell carcinoma (base of tongue, gums, floor of mouth)
- Nasopharyngeal carcinoma
- Thyroid cancer
- Salivary gland cancer
- Orophyaryngeal cancer

Hepatocellular carcinoma A type of adenocarcinoma and the most common type of liver tumor.
Histiocytic neoplasm is a group of rare disorders in which too many histiocytes (a type of white blood cell) build up in certain tissues and organs, including the skin, bones, spleen, liver, lungs, and lymph nodes.
Hodgkin lymphoma is a malignant lymphoma marked by the presence of Reed-Sternberg cells and characterized by progressive enlargement of lymph nodes, spleen and liver and progressive anemia.
Low metastatic burden in prostate cancer is defined as ≤3 bone metastases and no visceral metastases.
Karnofsky performance status (KPS) is an assessment tool for functional impairment. It can be used to compare effectiveness of different therapies and to assess the prognosis in individual patients. In most serious illnesses, the lower the Karnofsky score, the worse the likelihood of survival.

Table 2. KARNOFSKY PERFORMANCE STATUS SCALE

Score	Status
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 but unable to carry on normal activity or to do active work

Score	Status
60	Requires occasional assistance but is able to care for most of personal 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 ill; hospitalization and active supportive care necessary
10	Moribund
0	Dead

Source: https://ecog-acrin.org/resources/ecog-performance-status/

Limited stage small cell lung cancer (LS-SCLC) is when the cancer is contained to a single area on one side of the chest. This includes cancer that is only in one lung, and may have spread to the lymph nodes on the same side of the chest.

M1 Prostate cancer: M1 is a stage of prostate cancer that indicates the cancer has spread to other parts of the body. It is considered advanced prostate cancer.

Melanoma is a highly malignant tumor that starts in melanocytes of normal skin or moles and metastasizes rapidly and widely.

Merkel cell carcinoma is a very rare disease in which malignant (cancer) cells form in the skin.

Mesothelioma is a usually malignant tumor derived from mesothelial tissue (such as the tissue that lines the peritoneum or pleura).

Multiple myeloma is a cancer that forms in a type of white blood cell called a plasma cell. Healthy plasma cells help you fight infections by making antibodies that recognize and attack germs. In multiple myeloma, cancerous plasma cells accumulate in the bone marrow and crowd out healthy blood cells. Rather than produce helpful antibodies, the cancer cells produce abnormal proteins that can cause complications.

Myelodysplastic syndrome (MDS) is a type of cancer in which the bone marrow does not make enough healthy blood cells (white blood cells, red blood cells, and platelets) and there are abnormal cells in the blood and/or bone marrow. When there are fewer healthy blood cells, infection, anemia, or bleeding may occur.

Non-small cell lung cancer (NSCLC) About 80% to 85% of lung cancers are NSCLC. The main subtypes of NSCLC are adenocarcinoma, squamous cell carcinoma, and large cell carcinoma.

Ocular tumor is an abnormal growth of cells within or around the eye, which can be benign or malignant.

Oligometastatic disease refers to a limited state of metastatic cancer, which potentially benefits from local treatments.

Ovarian cancer is cancer that forms in the tissues of the ovary (one of a pair of female reproductive glands in which the ova or eggs are formed).

Palliative treatment is treatment given to help relieve the symptoms and reduce the suffering caused by cancer or other life-threatening diseases. Palliative therapy may help a person feel more comfortable, but it does not treat or cure the disease.
Pancreatic cancer is cancer that forms in the cells of the pancreas
Penile cancer is a rare cancer that forms in the penis (an external male reproductive organ). Most penile cancers are squamous cell carcinomas (cancer that begins in flat cells lining the penis).
Plasmacytoma is a type of cancer that begins in plasma cells (white blood cells that produce antibodies). A plasmacytoma may turn into multiple myeloma.
Prostate cancer develops when abnormal cells form and grow in the prostate gland. Cancerous growths can spread (metastasize) to nearby organs and tissues such as the bladder or rectum, or to other parts of the body. If the abnormal growth is removed, it can still grow back. Prostate cancer can be life threatening if it spreads far beyond the prostate (metastatic disease).
Prostate cancer is often grouped into four stages:

- Early stage (stages I & II): The tumor has not spread beyond the prostate. This is often called "early stage" or "localized" prostate cancer.
- Locally advanced (stage III): Cancer has spread outside the prostate, but only to nearby tissues. This is often called "locally advanced" prostate cancer.
- Advanced (stage IV): Cancer has spread outside the prostate to other parts such as the lymph nodes, bones, liver or lungs. This stage is often called "advanced" prostate cancer.

Prostate Cancer Initial Risk Stratification and Staging

Table 3. Prostate Cancer Initial Risk Stratification and Staging

Risk Group	Clinical/Pathologic Features
Very low	Has **ALL** of the following: • cT1c • Grade group 1 • PSA less than10 ng/mL • Less than 3 prostate biopsy fragments/cores positive • 50% or less cancer in each fragment/core • PSA density less than 0.15 ng/mL/g
Low	Has **ALL** of the following *but does not qualify for very low risk*: • cT1–cT2a • Grade group 1 • PSA less than 10 ng/ml

Risk Group	Clinical/Pathologic Features
Intermediate	Has **ALL** of the following: • No high-risk group features • No very high-risk group features • Has **ONE OR MORE** intermediate risk factors: ▪ cT2b–cT2c ▪ Grade Group 2 or 3 ▪ PSA 10–20 ng/mL **AND EITHER** of the following:
Favorable intermediate	Has **ALL** of the following: • 1 IRF • Grade group 1 or 2 • 50% or less biopsy cores positive (eg, less than 6 of 12 cores)
Unfavorable intermediate	Has **ONE OR MORE** of the following • 2 or 3 IRF's • Grade group 3 • 50% or more biopsy cores positive (eg, less than 6 of 12 cores)
High	Has no very-high-risk features and has **EXACTLY ONE** high-risk feature: • cT3a • Grade group 4 **OR** 5 • PSA more than 20 ng/ml
Very high	Has **AT LEAST ONE** of the following: • cT3b - cT4 • Primary gleason pattern 5 • 2 or 3 high risk features • More than 4 cores with grade group 4 **OR** 5

Pure seminoma is a malignant germ cell tumor that involves most commonly the testicle or less frequently the mediastinum, the retroperitoneum, or other extra-gonadal sites. It is one of the treatable and curable cancers, with a survival rate of over 95% if discovered in early stages.
Renal cancer is a type of cancer that forms in tissues of the kidneys. There are many different types of kidney cancer including renal cell carcinoma (RCC), transitional cell cancer (TCC) of the renal pelvis and Wilms tumor. RCC is the most common type of kidney cancer in adults. It forms in the lining of the tiny tubes in the kidney that return filtered substances that the body needs back to the blood and remove extra fluid and waste as urine. TCC of the renal pelvis is kidney

cancer that forms in the center of the kidney where urine collects. Wilms tumor is a type of kidney cancer that usually develops in children.

Small bowel is the specialized tubular structure between the stomach and the large intestine (also called the colon or large bowel) that absorbs nutrition from the food.

Soft tissue sarcoma is a malignant tumor arising in the tissue (such as tendon, muscle, skin, fat and fascia) that typically connects, supports or surrounds bone and internal organs.

Squamous cell carcinoma (SCC) is carcinoma that is made up of or arises from squamous cells (stratified epithelium that consists at least in its outer layers of small scale like cells) and usually occurs in areas of the body exposed to strong sunlight over many years.

Stereotactic Body Radiation Therapy (SBRT) is a method of External Beam Radiotherapy (EBRT) that accurately delivers a high dose of irradiation in one or few treatment fractions to an extracranial target.

Stereotactic radiosurgery is a type of external radiation therapy that uses special equipment to position the patient and precisely give a single large dose of radiation to a tumor.

Systemic light chain amyloidosis is a protein misfolding and metabolism disorder in which insoluble fibrils are deposited in various tissues, causing organ dysfunction and eventually death.

Systemic mastocytosis is a rare disease in which too many mast cells (a type of immune system cell) are found in the skin, bones, joints, lymph nodes, liver, spleen, and gastrointestinal tract.

T-Cell lymphoma is a type of cancer that forms in T-cells (a type of immune system cell). T-cell lymphomas may be either indolent (slow-growing) or aggressive (fast-growing). Most T-cell lymphomas are non-Hodgkin lymphomas. There are many different types of T-cell non-Hodgkin lymphomas. These include mycosis fungoides, anaplastic large cell lymphoma and precursor T-cell lymphoblastic lymphoma.

Testicular cancer is cancer that forms in tissues of one or both testicles. Most testicular cancers begin in germ cells (cells that make sperm) and are called testicular germ cell tumors.

Thymoma is a tumor of the thymus, an organ that is of the lymphatic system and is located in the chest, behind the chest bone.

Thyroid cancer is a cancer that forms in the thyroid gland (an organ at the base of the throat that makes hormones that help control heart rate, blood pressure, body temperature, and weight). Four main types of thyroid cancer are papillary, follicular, medullary, and anaplastic thyroid cancer. The four types are based on how the cancer cells look under a microscope.

Urethra carcinoma is a very rare cancer that starts in the urethra, the tube that carries urine out of the body

Vaginal cancer is cancer that forms in the tissues of the vagina (birth canal).

Vulvar cancer is cancer of the vulva (the external female genital organs, including the clitoris, vaginal lips and the opening to the vagina).

Uveal melanoma begins in the cells that make the dark-colored pigment, called melanin, in the uvea or uveal tract of the eye. Uveal melanoma of the iris is usually a small tumor that grows

slowly and rarely spreads to other parts of the body. Uveal melanoma of the ciliary body and choroid are usually larger tumors and are more likely to spread to other parts of the body. **Waldenstrom macroglobulinemia** is a rare, slow-growing type of non-Hodgkin lymphoma. It's a blood cell cancer that starts in malignant B-cells.

SBRT/SRS References

[1] Abu-Rustum, N.R., Campos, S.M., . . . Wyse, E. (2025). Cervical Cancer Version 4.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf

[2] Abu-Rustum, N.R., Campos, S.M., . . . Wyse, E. (2025). Uterine Neoplasms Version 3.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf

[3] Abu-Rustum, N.R., Campos, S.M., . . . Wyse, E. (2025).Vaginal Cancer Version 5.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/vaginal.pdf

[4] Ajani, J.A., D'Amico, T.A., . . . Yoon, H. (2025). Esophageal or Esophagogastric Junction Cancers Version 3.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/esophageal.pdf

[5] Ajani, J.A., D'Amico, T.A., . . . Yoon, H. (2025). Gastric Cancer Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/gastric.pdf

[6] Ali, M., Mooi, LJ., . . . Siva, S. (2022). The Role of Stereotactic Ablative Body Radiotherapy in Renal Cell Carcinoma. *European Urology, 82*(4), 613-622.

[7] Apisarnthanarax, S., Aisling, B., . . . Cardenes, H. (2022). External Beam Radiation Therapy for Primary Liver Cancers: An ASTRO Clinical Practice Guideline. *Practical Radiation Oncology, 12*(1), 28-51.

[8] Armstrong, D.K., Alvarez, R.D., . . . Zsiros, E. (2025). Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf

[9] Beaty, B., Weiner, A. (2020). Alternatives to Surgery for Early-Stage Non–Small Cell Lung Cancer. *Clinics in Chest Medicine, 41*(2), 185-195.

[10] Benson, A.B., Venook, A.P., . . . Wu, C. (2025). Anal Carcinoma Version Version 4.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/anal/pdf

[11] Benson, A.B., D'Angelica, M.I., . . . Zhao, K.(2025). Biliary Tract Cancers Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/btc.pdf

[12] Benson, A.B., Venook, A.P., . . . Wu, C. (2025). Colon Cancer Version 3.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf

[13] Benson, A.B., D'Angelica, M.I., . . . Zhao, K.(2025). Hepatocellular Carcinoma Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/hcc.pdf

[14] Benson, A.B., Venook, A.P., . . . Wu, C.(2025). Rectal Cancer Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/rectal.pdf

[15] Benson, A.B., Venook, A.P., . . . Wu, C.(2025). Small Bowel Adenocarcinoma Version 3.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/small_bowel.pdf

[16] Bible, K.C., Kebebew, E., . . . Wong-Clark, C.K.. (2021). 2021 American Thyroid Association Guidelines for Management of Patients with Anaplastic Thyroid Cancer. *Thyroid, 31*(3), 337-543.

[17] Bierman, J.S., Hirbe, A., . . . Yoon, J. (2025). Bone Cancer Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/bone.pdf

[18] Bordeaux, J., Aasi, S. Z., . . . Yusuf, M. (2025). Squamous Cell Skin Cancer 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/squamous.pdf

[19] Bordeaux, J., Aasi, S.Z., . . . Yusuf, M. (2025). Basal Cell Skin Cancer Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/nmsc.pdf

[20] Bordeaux, J., Nghiem, P, . . . Yusuf, M. (2025). Merkel Cell Carcinoma Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/mcc.pdf

[21] Campbell, S.C., Clark, P.E., . . . Uzzo, R.G. (2021). Renal Mass and Localized Renal Cancer: Evaluation, Management, and Follow-Up: AUA Guideline: Part I. *The Journal of Urology, 206*(2), 199-208.

[22] Campbell, S.C., Uzzo, R.G., . . . Souter, L. (2021). Renal Mass and Localized Renal Cancer: Evaluation, Management, and Follow-Up: AUA Guideline: Part II. *The Journal of Urology, 206*(2), 199-208.

[23] Dove, A.P., Wells, A., . . . Kirschner, A.N. (2022). Evaluation of Five Fraction Stereotactic Body Radiation Therapy (SBRT) for Osseous Renal Cell Carcinoma Metastases. *American Journal of Clinical Oncology, 45*(12), 501-505.

[24] D'Aiello, A., Miao, E., . . . Cheng, H.(2023) . Advances in the Management of Central Nervous System Metastases in Non-Small Cell Lung Cancer. *MDPI*Retrieved: August 2025. https://www.mdpi.com/2072-6694/15/3/844

[25] Riely, G.J., Wood, D.E., . . . Yau, E.(2025). Mesothelioma: Pleural Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/meso_peritoneal.pdf

[26] Riely, G.J., Wood, D.E., . . . Yau, E. (2025). Thymomas and Thymic Carcinomas Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/thymic.pdf

[27] Flaig, T.W., Spiess, P.E., . . . Wright, J.L. (2025). Bladder Cancer Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf

[28] Flaig, T.W., Spiess, P.E., . . . Wright, J.L. (2025). Penile Cancer Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/penile.pdf

[29] Ganti, A.K.P., Loo, Jr., B.W., . . . Waqar, S.N. (2025). Small Cell Lung Cancer Version 4.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/sclc.pdf

[30] Gerds, A.T., Gotlib, J., . . . Wall, S. (2025). Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Gene Fusions Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/mlne.pdf

[31] Gerds, A.T., Gotlib, J., . . . Wall, S. (2025). Myeloproliferative Neoplasms Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/mpn.pdf

[32] Gerds, A.T., Gotlib, J., . . . Wall, S.W. (2025). Systemic Mastocytosis Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/mastocytosis.pdf

[33] Go, R.S., Jacobsen, E., . . . Zurbriggen, L. (2025). Histiocytic Neoplasms Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/histiocytic_neoplasms.pdf

[34] Goldbrunner, R., Stavrinou, P., . . . Weller, M. (2021). EANO guideline on the diagnosis and management of meningiomas. *Neuro-Oncology, 23*(11), 1821-1834.

[35] Gondi, V., Bauman, G., . . . Brown, P. D. (2022). Radiation Therapy for Brain Metastases: An ASTRO Clinical Practice Guideline. *Practical Radiation Oncology, 12*(4), 265-282.

[36] Gradishar, W.J., Moran, M.S., . . . Young, J.S. (2025). Breast Cancer Version 4.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf

[37] Greenberg, P.L., Stone, R.M., . . . Thota, S. (2025). Myelodysplastic Syndromes Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/mds.pdf

[38] Haddad, R.I., Bischoff, L., . . . Yeh, M.W. (2025). Thyroid Carcinoma Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf

[39] Halasz, L. M., Attia, A., . . . Shih, H. A. (2022). Radiation Therapy for IDH-Mutant Grade 2 and Grade 3 Diffuse Glioma: An ASTRO Clinical Practice Guideline. *Practical Radiation Oncology, 12*(5), 370-386.

[40] Hoppe, R.T., Advani, R.H., . . . Yang, J.C. (2025). Hodgkin Lymphoma Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/hodgkins.pdf

[41] Horwitz, S.M., Ansell, S., . . . Zain, J. (2025). T-Cell Lymphomas Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/t-cell.pdf

[42] Jacob, J., Valery, C.A., . . . Pasquier, D. (2020). Radiotherapy of non-tumoral refractory neurological pathologies. *Cancer/Radiotherapie, 24*(6-7),523-533.

[43] Jethwa, K.R., Jin, Z., . . . Hallemeier, C.L. (2022). A Critical Review of the Role of Local Therapy for Oligometastatic Gastrointestinal Cancer. *International Journal of Radiation Oncology, Biology, Physics, 114*(4), P780-791.

[44] Kumar, S.K., Callander, N.S., . . . Vogl, D. (2025). Multiple Myeloma Version 1.2026. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf

[45] Kumar, S.K., Callander, N.S., . . . Vogl, D. (2025). Systemic Light Chain Amyloidosis Version 1.2026. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/amyloidosis.pdf

[46] Kumar, S.K., Callander, N.S., . . . Vogel, D. (2025). Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma Version 3.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/waldenstroms.pdf

[47] Lowrance, W.T., Breau, R.H., . . . Cookson, M.S. (2021). 2023 Advanced Prostate Cancer: AUA/SUO Guideline. *The Journal of Urology, 209*(6), 1082-1090.

[48] Meola, A., Schmitt, A., Chang, S.D. (2020). Stereotactic Radiosurgery for Benign Spinal Tumors. *Neurosurgery Clinics of North America, 31*(2), 231-235.

[49] McGonigal, A., Sahgal, A., Regis, J.(2017). 2017 Radiosurgery for epilepsy: Systematic Review and International Stereotactic Radiosurgery Society Practice Guideline.*Epilepsy Research, 137*, 123-131.

[50] Mikhael, J., Ismaila, N., . . . Martin, T. (2019). Treatment of Multiple Myeloma: ASCO and CCO Joint Clinical Practice Guideline. *Journal of Clinical Oncology, 37*(14), 1228-1263.

[51] Milano, M.T., Grimm, J., . . . Naqa, I.E. (2021). Single- and Multi-Fraction Stereotactic Radiosurgery Dose Tolerances of the Optic Pathways. *International Journal of Radiation Oncology, Biology, Physics, 110*(1), 87-99.

[52] Motzer, R.J., Jonasch, E., . . . Zibelman, M. (2025). Kidney Cancer Version 3.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf

[53] Nabors, L.B., Portnow, J., . . . Willmarth, N.E. (2025). Central Nervous System Cancers Version 1.2025 *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/cns.pdf

[54] Odalaru, M.J., Jun, M., Johung, K.L. (2020). Radiation Therapy for Patients with Advanced Renal Cell Carcinoma.. *Urologic Clinic of North America, 47*(3), 399-411.

[55] Ondo, W.G.(2020). Current and Emerging Treatments of Essential Tremor. *Neurologic Clinics, 38*(2), 309-323.

[56] Pfister, D.G., Spencer, S., . . . Zhen, W. (2025). Head and Neck Cancers Version 4.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf

[57] Pikis, S., Montziaris, G., . . . Sheehan, J. (2023)Stereotactic Radiosurgery for Intracranial Meningiomas.. *Neurosurgery Clinics of North America, 34*(3), 455-462.

[58] Pollyea, D.A., Altman, J.K., . . . Wang, E. (2025). Acute Myeloid Leukemia Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/aml.pdf

[59] Reid, E., Suneja, G., . . . Wang, C.J. (2025). Kaposi Sarcoma Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/kaposi.pdf

[60] Reshko, L.B., Baliga, S., . . . Kersh, C.R. (2020). Stereotactic body radiation therapy (SBRT) in recurrent, persistent or oligometastatic gynecological cancers. *Gynecologic Oncology, 159*(3), 611-617.

[61] Reyngold, M., O'Reilly, E., . . . Chuong, M.D. (2022). Multi-Institutional Comparison of Ablative Radiation Therapy in 5 Versus 15-25 Fractions for Locally Advanced Pancreatic Cancer. *Practical Radiation Oncology, 114*(3), S106.

[62] Riely, G.J., Wood, D.E., . . . Yau, E. (2025). Non-Small Cell Lung Cancer Version 5.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf

[63] Salerno, K.E., Alektiar, K.M., . . . Guadagnolo, B.A. (2021). Radiation Therapy for Treatment of Soft Tissue Sarcoma in Adults: An ASTRO Clinical Practice Guideline. *Practical Radiation Oncology, 11*(5), 339-351.

[64] Sahgal, A., Chang, J.H., . . . Jackson, A. (2021). Spinal Cord Dose Tolerance to Stereotactic Body Radiation Therapy. *International Journal of Radiation Oncology, Biology, Physics, 110*(1), 124-136.

[65] Schiff, D., Messersmith, H., . . . Vogelbaum, M.A. (2022). Management of Stage III Non–Small-Cell Lung Cancer: ASCO Guideline. *Journal of Clinical Oncology, 40*(20), 2271-2276.

[66] Spratt, D.E., Srinivas, S., . . . Wong, J.K. (2025). Prostate Cancer Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025 https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf

[67] Bordeaux, J., Blitzblau, R., . . . Yusuf, M. (2024). Dermatofibrosarcoma Protuberans Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/dfsp.pdf

[68] Salim, N., Loyko, I., . . . Prokofev, I.(2024). Stereotactic radiotherapy for uveal melanoma: A case report. *Molecular and Clinical Oncology, 20*(3), A23

[69] Shah, N.P., Bhatia, R., . . . Yang, D.T. (2024). Chronic Myeloid Leukemia Version 3.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/cml.pdf

[70] Shah, B., Mattison, R. J., . . . Webster, J. (2025). Acute Lymphoblastic Leukemia 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/all.pdf

[71] Shenker, R., Stephens, S.J., . . . Chino, J. (2022). Role of stereotactic body radiotherapy in gynecologic radiation oncology. *International Journal of Gynecological Cancer, 32*, 372–379.

[72] Simone II, C.B., Bogart, J.A., . . . Rosenzweig, K.E. (2020). Radiation Therapy for Small Cell Lung Cancer: An ASTRO Clinical Practice Guideline. *Practical Radiation Oncology, 10*, 158-173.

[73] Sherry, A.D., Desai, N., . . . Tang, C. (2024). Current State of Stereotactic Body Radiation Therapy for Genitourinary Malignancies. *National Library of Medicine*. Retrieved: July 2025. https://pmc.ncbi.nlm.nih.gov/articles/PMC11844808/

[74] Swetter, S.M., Johnson, D., . . . Xing, Y. (2025). Melanoma: Cutaneous Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf

[75] Swetter, S.M., Johnson, D., . . . Xing, Y. (2025). Melanoma: Uveal Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/uveal.pdf

[76] Tempero, M.A., Malafa, M.P., . . . Wolpin, B.M. (2025). Pancreatic Adenocarcinoma Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/pancreatic.pdf

[77] Tinkle, C.L, Singh, C., . . . Krasin, M.J. (2021). Stereotactic Body Radiation Therapy for Metastatic and Recurrent Solid Tumors in Children and Young Adults. *International Journal of Radiation Oncology, Biology, Physics, 109*(5), P 1396-1405.

[78] von Mehren, M., Kane, J.M., . . . Zimel, M. (2025). Gastrointestinal Stromal Tumors Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/gist.pdf

[79] von Mehren, M., Kane, J.M., . . . Zimel, M. (2025). Soft Tissue Sarcoma Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf

[80] Wierda, W.G., Brown, J., . . . Woyach, J.A. (2025). Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Version 3.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/cll.pdf

[81] Wierda, W.G., Brown, J., . . . Woyach, J.A. (2024). Hairy Cell Leukemia Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/hairy_cell.pdf

[82] Wirth, A., Mikhaeel, N.G., . . . Specht, L. (2020). Involved Site Radiation Therapy in Adult Lymphomas: An Overview of International Lymphoma Radiation Oncology Group Guidelines. *International Journal of Radiation Oncology, Biology, Physics, 107*(5), 909-933.

[83] Yeboa, D.N., Braunstein, S.E., . . . Bovi, J.A.(2025).Radiation Therapy for WHO Grade 4 Adult-Type Diffuse Glioma: An ASTRO Clinical Practice Guideline. *Practical Radiation OncologyArticles in Press*

[84] Zelenetz, A.D., Gordon, L.I., . . . Vose, J.M. (2025). B-Cell Lymphomas Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: June 2025. https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf

[85] (2022). Stereotactic radiosurgery for trigeminal neuralgia. *National Institute for Health and Care Excellance (NICE)*. Retrieved: April 2024. https://www.nice.org.uk/guidance/ipg715

Disclaimer section

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are

instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

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National and Local Coverage Determination (NCD and LCD)

NOTICE
To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to https://www.cms.gov/medicare-coverage-database/search.aspx.

Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.
CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

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