



**Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws .**

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**Stereotactic Body Radiotherapy**

**MP9459**

**Covered Service:** Yes

**Prior Authorization Required:** No

**Additional Information** None

**Medicare Policy:** Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

**BadgerCare Plus Policy:** Dean Health Plan covers when BadgerCare Plus also covers the benefit. Please refer to Forward Health:  
<https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>

**Dean Health Plan Medical Policy:**

- 1.0 Stereotactic Body Radiotherapy **does not require** prior authorization and is considered medically necessary for **one (1) or more** of the following indications:
- 2.0 Hepatocellular carcinoma (primary or metastatic) as indicated by **ALL** of the following:
  - 2.1 Need for additional treatment(e.g. limited disease, palliation of symptoms); **AND**
  - 2.2 Sufficient amount of uninvolved liver to tolerate treatment course; **AND**
  - 2.3 Member is not candidate for or refuses surgery and ablation; **AND**
- 3.0 Liver metastases, as indicated by **ALL** of the following:
  - 3.1 Need for additional treatment (e.g. limited disease, palliation of symptoms); **AND**
  - 3.2 Sufficient amount of uninvolved liver to tolerate treatment course; **AND**
  - 3.3 Member is not a candidate for or refuses surgery and ablation
- 4.0 Lung metastases, as indicated by **ALL** of the following:



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- 4.1 One to three lung metastases present; **AND**
  - 4.2 Extrathoracic disease absent or stable on imaging studies (e.g. CT scan, PET-CT) prior to beginning treatment; **AND**
  - 4.3 Need for additional treatment (e.g. curative intent, palliation of symptoms); **AND**
  - 4.4 Performance status adequate (e.g. less than 2 on Eastern Cooperative Oncology Group (ECOG) Performance Status scale); **AND**
  - 4.5 Pulmonary function adequate (both FEV<sub>1</sub> (Forced Expiratory Volume in 1 second) and DLCO (diffusing capacity of lung for carbon monoxide) higher than 40% of predicted values); **AND**
  - 4.6 Member is not candidate for or refuses surgery.
- 5.0 Spine metastases, as indicated by **ALL** of the following:
- 5.1 Need for additional treatment (e.g. palliation of symptoms); **AND**;
  - 5.2 No cord compression; **AND**
  - 5.3 No spinal fracture or instability; **AND**
  - 5.4 Metastasis resistant to conventional external beam radiotherapy (e.g., sarcoma, melanoma, renal cell carcinoma, non-small cell lung cancer, colon carcinoma)
- 6.0 Prostate cancer as indicated by **one (1)** of the following:
- 6.1 Low-risk disease as indicated by **ALL** of the following:
    - 6.1.1 Stage T1 or T2a prostate cancer; **AND**
    - 6.1.2 International Society of Urological Pathology (ISUP) Grade Group 1 (Gleason score of 6 or less); **AND**
    - 6.1.3 Pretreatment Prostate-specific antigen (PSA) less than 10 ng/mL; **AND**
    - 6.1.4 Life expectancy greater than or equal to 10 years
  - 6.2 Intermediate or high-risk disease, as indicated by **1 or more** of the following:
    - 6.2.1 ISUP Grade Group 2 to 5 (Gleason score of 7 to 10)
    - 6.2.2 Pretreatment PSA of 10 ng/mL or greater
    - 6.2.3 Stage T2b/T2c or T3a prostate cancer
- 7.0 Non-small cell lung cancer as indicated by **ALL** of the following:
- 7.1 Need for additional treatment (e.g. curative intent); **AND**
  - 7.2 Non-small cell lung cancer by cytology or histology; **AND**
  - 7.3 PET, PET-CT, or CT scan evidence of **ALL** of the following:



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- 7.3.1 Tumor size less than or equal to 5 cm in diameter; **AND**
- 7.3.2 No distant metastasis, **AND**
- 7.3.3 No regional lymph node metastasis
- 7.4 Member is not candidate for or refuses surgery
- 8.0 Small cell lung cancer, as indicated by **ALL** of the following:
  - 8.1 Limited stage I or IIA disease (T1-2, N0, M0)
  - 8.2 Member is medically inoperable or refuses surgery
- 9.0 Locoregional recurrence, or tumors arising near previously irradiated regions

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