

# Local Coverage Determination (LCD): Stereotactic Radiosurgery (L34223)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01112 - MAC B	J - E	California - Northern
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01182 - MAC B	J - E	California - Southern American Samoa Guam Hawaii Northern Mariana Islands Nevada
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01212 - MAC B	J - E	
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01312 - MAC B	J - E	

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## LCD Information

### Document Information

LCD ID  
L34223

Original Effective Date  
For services performed on or after 10/01/2015

Original ICD-9 LCD ID  
[L33492](#)

Revision Effective Date  
For services performed on or after 10/01/2018

LCD Title  
Stereotactic Radiosurgery

Revision Ending Date  
N/A

Proposed LCD in Comment Period  
N/A

Retirement Date  
N/A

Source Proposed LCD  
N/A

Notice Period Start Date  
N/A

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Notice Period End Date  
N/A

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#### CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A). 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, §1862(a)(1)(D), research and experimentation which are not reasonable and necessary.

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

CMS Manual System, Pub. 100-08, *Medicare Program Integrity Manual*, Chapters 13, §§13.7.1, 13.11,E,3.

#### Coverage Guidance

##### **Coverage Indications, Limitations, and/or Medical Necessity**

The adjective "Stereotactic" describes a procedure during which a target lesion is localized relative to a fixed three dimensional reference system, such as a rigid head frame (61800) affixed to a patient, fixed bony landmarks, a system of implanted fiducial markers, or other similar system. This type of localization procedure allows physicians to perform image-guided procedures with a high degree of anatomic accuracy and precision.

Stereotactic radiation therapy (SRT) couples this anatomic accuracy and reproducibility with very high doses of highly precise, externally generated, ionizing radiation, thereby maximizing the ablative effect on the target(s) while minimizing collateral damage to adjacent tissues. SRT 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.

Stereotactic Radiosurgery (SRS) is a distinct discipline that utilizes externally generated ionizing radiation in certain cases to inactivate or eradicate a defined target(s) in the head or spine without the need to make an incision. The target is defined by high-resolution stereotactic imaging. To assure quality of patient care the procedure involves a multidisciplinary team consisting of a neurosurgeon, radiation oncologist, and medical physicist.

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.

Technologies that are used to perform SRS include linear accelerators, particle beam accelerators, and multisource Cobalt 60 units. In order to enhance precision, various devices may incorporate robotics and real time imaging.

Regardless of the number of sessions, both SRT and SRS procedures include the following components:

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

Radiation oncologists and neurosurgeons have separate CPT billing codes for SRS. The comprehensive CPT code 61796, 61797, 61798, 61799, 61800, 63620 and 63621 may be billed by the neurosurgeon, as one member of the team, when and only when this physician is (a) present, (b) medically necessary and (c) fully participating, in the vcoded course of the procedure. The medical record must clearly indicate the critical nature of the anatomy or other circumstances necessitating the services encompassed by this code.

A radiation oncologist may bill the SRS management code 77432 for single fraction SRS (and only once per treatment course) when and only when fully participating in the management of the procedure. When SRS is administered in more than one but not more than 5 fractions, the radiation oncologist may instead bill the Stereotactic Body Radiation Therapy (SBRT) code 77435 to cover patient management during that course of therapy; the radiation oncologist may not bill 77432 and 77435 for the same course of therapy. In addition, a radiation oncologist may bill other appropriate radiation oncology (77xxx) codes when full participation in the coded procedure(s) is appropriately documented, as directed in Medicare policies.

The physician may bill one of the primary surgery codes (61796, 61798 or 63620) but not in conjunction with the radiation (77xxx) series codes.

**This LCD addresses only the CPT SRS codes 61796, 61797, 61798, 61799, 61800, 63620, 63621 and 77432 as well as the additional conditions in which 77373 and 77435 may be used (with all other uses of 77373 and 77435 described in the companion LCD, Stereotactic Body Radiation Therapy), and the two G codes: G0339 and G0340.** Additionally, as outlined in The ASTRO/ACR Guide to Radiation Oncology Coding 2007 (p. 97), it may be appropriate to report 77300 (basic dosimetry) up to one unit for each arc in a linear accelerator system or up to one unit for each shot in a cobalt-60 system. However if the total units of this code exceed six (or six per isocenter where multiple isocenters are necessary), there must be a detailed explanation of medical necessity in the medical record, which may be subject to retrospective review. Similarly, the same Guide indicates that code 77334 (treatment devices, complex) may be appropriate up to one for each collimator in a linear accelerator system or one for each helmet in a cobalt-60 system, and here again, if the total

units exceed six (or four times the number of isocenters where multiple isocenters are necessary), there must be a detailed explanation of medical necessity in the medical record, which may be subject to retrospective review. In both situations, the record will need careful and detailed documentation explaining the 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. Recent CPT policy dictates that treatment planning for SRS should be billed with conventional external beam codes.

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, appropriate and consistent with Medicare policy. These codes are addressed in the separate LCDs: Radiation Oncology: External Beam/Teletherapy and Intensity Modulated Radiation Therapy.

After SRS, **if either** the radiation oncologist or the neurosurgeon is not fully participating in the patient's care, that physician must take care to indicate this change by use of 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.

### **Indications for SRS:**

1. Primary central nervous system malignancies, generally under 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, pituitary adenomas, and pineal cytomas.
4. Cranial arteriovenous malformations and hemangiomas.
5. Other cranial non-neoplastic conditions for which it has been proven effective, e.g., movement disorders such as Parkinson's disease, essential tremor and other disabling tremor that are refractory to conventional therapy, such as severe, sustained trigeminal neuralgia not responsive to other modalities.
6. As a boost treatment for larger cranial or spinal lesions that have been treated initially with external beam radiation therapy or surgery (i.e., grade III and IV gliomas, oligodendrogliomas, sarcomas, chondrosarcomas, chordomas, and nasopharyngeal or paranasal sinus malignancies).
7. Metastatic brain or spine lesions, generally limited in number, with stable systemic disease, Karnofsky Performance Status 70 or greater (or expected to return to 70 or greater with treatment), and otherwise reasonable survival expectations.

8. Relapse in a previously irradiated cranial or spinal field where the additional stereotactic precision is required to avoid unacceptable vital tissue radiation.

**Limitations:**

Coverage will be denied for each of the following:

1. Treatment for anything other than a severe symptom or serious threat to life or critical functions, not responsive or reasonably amenable to another therapy.
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
4. Patients with poor performance status (Karnofsky Performance Status **less than 40**), - see Karnofsky Performance Status below.
5. A claim for stereotactic cingulotomy as a means of psychotherapy, is considered to be investigational.
6. For ICD-10-CM code G25.0, essential tremor, coverage 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. Coverage is further limited to unilateral thalamotomy. Gamma Knife pallidotomy remains non-covered and will be denied.

**Karnofsky Performance Scale** (Perez and Brady, p 225)

- 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

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

**Summary of Evidence**

N/A

## Analysis of Evidence (Rationale for Determination)

N/A

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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.

N/A

### 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.

99999 Not Applicable

### CPT/HCPCS Codes

#### Group 1 Paragraph:

**Note: Uses of 77373 and 77435 are addressed in both this LCD and in the Stereotactic Body Radiation Therapy LCD.**

#### Group 1 Codes:

- 61796 STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION
- 61797 STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 61798 STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION
- 61799 STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, COMPLEX (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 61800 APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 63620 STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION
- 63621 STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL SPINAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 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

- 77373 RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCELERATOR BASED 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

**Group 2 Paragraph:**

**Note: Uses of G0339 and G0340 are addressed in both this LCD and in the Stereotactic Body Radiation Therapy LCD.**

**HCPCS Codes**

**Group 2 Codes:**

- 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:**

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

**Group 1 Codes:**

<b>ICD-10 Codes</b>	<b>Description</b>
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
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

<b>ICD-10 Codes</b>	<b>Description</b>
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
D32.1	Benign neoplasm of spinal meninges
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.3	Benign neoplasm of cranial nerves
D33.4	Benign neoplasm of spinal cord
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
G51.31	Clonic hemifacial spasm, right
G51.32	Clonic hemifacial spasm, left
G51.4	Facial myokymia
G51.8	Other disorders of facial nerve
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

ICD-10 Codes	Description
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 G20 and G25.0 codes are 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 T66.XXXA 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.

ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:**

All diagnoses **not** listed in ICD-10-CM Codes That Support Medical Necessity above.

**Group 1 Codes:** N/A

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## General Information

Associated Information

**Documentation Requirements**

The patient's record must support the necessity and frequency of treatment. 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. A radiation oncologist and medical physicist must evaluate the technical aspects of the treatment and document and sign this evaluation as well as the resulting treatment management decisions.

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.

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.

When requesting a written redetermination (formerly appeal), providers must include all relevant documentation with the request.

**Utilization Guidelines**

CPT 77435 Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions will be paid only once per course of therapy regardless of the number of sessions, lesions or days of treatment.

CPT 77432 will be paid only once per course of treatment regardless of the number of cranial (and spinal) lesions. This code covers a "complete course of treatment consisting of one session." CPT 77432 and CPT 77435 cannot both be billed for the same course of therapy.

Sources of Information  
Medical Consultants

Contractor Medical Directors

American Society of Therapeutic Radiation and Oncology and American College of Radiology (ACR) Radiation Oncology Carrier Advisory Committee "Model" Policy and supplemental recommendations.

American Association of Neurological Surgeons/Congress of Neurological Surgeons and American Society for Therapeutic Radiology and Oncology and American College of Radiology: multiple discussions and recommendations.

Perez CA, Brady LW, Halperin EC, Schmidt-Ullrich RK. eds. Principles and Practice of Radiation Oncology. New York, NY: Lippincott-Raven; 4th ed. 2003.

Bibliography

N/A

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## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		This revision corrects technical formatting in the back end of the Medicare Coverage Database.	
10/01/2018	R4	09.06.18: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none"> <li>Revisions Due To ICD-10-CM Code Changes</li> </ul>
		The following ICD-10 code was deleted from the ICD-10 Codes that Support Medical Necessity field: G51.3. The following ICD-10 Codes were added to the ICD-10 Codes that Support Medical Necessity field: G51.31; G51.32. This revision is due to the Annual ICD-10 Code Update and becomes effective October 1, 2018.	
07/01/2017	R3	07/06/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none"> <li>Reconsideration Request</li> </ul>
10/01/2015	R2	LCD is revised to add diagnoses D32.1 and D33.4, effective 07/01/2017 LCD is revised to add diagnosis G25.0, effective 10/01/2015.	<ul style="list-style-type: none"> <li>Reconsideration Request</li> </ul>
10/01/2015	R1	Removed: CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §160.4. from CMS National Coverage Policy section.	<ul style="list-style-type: none"> <li>Other (CMS retired NCD 160.4. )</li> </ul>

## Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 09/06/2018 with effective dates 10/01/2018 - N/A [Updated on 07/06/2017 with effective dates 07/01/2017 - 09/30/2018](#) Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

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## Keywords

- SRS
- Stereotactic
- Radiosurgery
- 61796
- 61797
- 61798
- 61799
- 61800
- 63620
- 63621
- 77371
- 77372
- 77373
- 77432
- 77435
- G0339
- G0340

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