

Clinical Policy: Stereotactic Body Radiation Therapy

Reference Number: PA.CP.MP.22

Effective Date: 01/18

Last Review Date: 7/15/2021

[Coding Implications](#)

[Revision Log](#)

Description

Stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) are radiation therapies delivered via stereotactic guidance to a small, precise target. It largely spares the surrounding tissue by multiple non-parallel radiation beams converging into one sharply defined target. It greatly reduces the amount of radiation to which the surrounding tissue is exposed. SBRT is used to treat extra-cranial sites and can be performed in one to five sessions (fractions). SRS is used to treat intra-cranial and spinal targets. SRS is typically performed in a single session but can be performed in a limited number of sessions, up to a maximum of five. Gamma-ray photons, X-ray photons, protons, helium ions, and neutrons have all been used for SBRT and SRS.

Policy/Criteria

- I. It is the policy of Pennsylvania Health and Wellness[®] (PHW) that up to 5 sessions of SBRT is **medically necessary** for any of the following indications:
 - A. Early stage non-small cell lung cancer (i.e., stage I-II, NO) as an alternative to surgery;
 - B. Acoustic neuroma;
 - C. Localized malignant conditions in the body where highly precise application of high-dose radiotherapy is required, including tumors of any type arising in or near previously irradiated regions;
 - D. Recurrences of metastatic spine cancer after previous radiation.²³
 - E. Hepatocellular carcinoma, as an alternative to ablation/embolization techniques or when these therapies have failed or are contraindicated
 - F. Low to intermediated risk localized prostate cancer.
 - E. High risk prostate cancer when combined with androgen deprivation therapy, when delivering longer courses of external beam radiation therapy would present a documented hardship;
 - F. Pancreatic adenocarcinoma:
 1. Locally advanced disease, without distant metastases; or
 2. Combination therapy not feasible; or
 3. Isolated local recurrence, respecting normal organ tolerance.

- II. It is the policy of PHW that up to 5 sessions of SRS are **medically necessary** for any one of the following indications:
 - A. Cranial indications when unresectable due to its deep intracranial location or participant is unable to tolerate conventional operative intervention:
 1. Inoperable, small (< 3 cm) arteriovenous (AV) malformations, or
 2. Benign tumors including meningiomas, pituitary adenomas, craniopharyngiomas, hemangiomas, and neoplasms of the pineal gland; or
 - B. Small acoustic neuromas (< 3 cm) or enlarging neuromas in patients who are not candidates for surgery; or
 - C. Brain malignancies, primary and/or metastatic lesions; or
 - D. Intracranial lesions where the patient refuses surgery; or

CLINICAL POLICY

Stereotactic Body Radiation Therapy

- E. Severe, sustained trigeminal neuralgia not responsive to other treatments, or
- F. A booster treatment for larger cranial or spinal lesions that have been treated initially with external beam radiation therapy or surgery. Avoid SBRT when in close proximity to cranial nerves II and VIII if the maximal dose delivered exceeds 10 Gy; or
- G. Relapse in previously irradiated cranial or spinal field where additional stereotactic precision is required to avoid unacceptable vital tissue radiation; or
- H. Inoperable spinal tumors causing compression or intractable pain.
- I. Refractory epileptic seizures in children when the lesion is located where a conventional surgical approach is technically difficult or excessively risky.³⁷

III. It is the policy of PHW that more than 5 sessions of SBRT or SRS or for indications other than listed above, is considered **not medically necessary**.

Background

Stereotactic ablative radiotherapy is also known as SBRT, SRS and SBRT both pair a high degree of anatomic targeting accuracy and reproducibility with very high doses of extremely precise, externally generated, ionizing radiation to inactivate or eradicate a defined target(s). The target is defined by high resolution stereotactic imaging. The procedure involves a multidisciplinary team often consisting of a surgeon, radiation oncologist, radiologist, medical radiation physicist, dosimetrist, radiation therapist, radiation therapy nurse and a specialist of the disease site such as a neurologist.

Stereotactic describes a procedure during which a target lesion is localized relative to a fixed 3-D reference system, such as a rigid head frame affixed to a patient, fixed bony landmarks, a system of implanted fiducial markers, or other similar system. This localization procedure allows physicians to perform image-guided procedures with a high degree of accuracy and precision.

The risk of developing permanent damage following SRS varies by the location of the lesion in the brain. Lesions located deep in the gray matter (thalamus, basal ganglia) or brainstem (pons, midbrain) carry the maximum risk of neurologic complications. Complications are less likely with lesions in the frontal and temporal lobes. Fractionated radiation therapy is often preferred to SRS for the treatment of lesions in the deep gray matter or the brainstem.

Technologies that are used to perform SBRT and SRS include Gamma Knife, LINAC, CyberKnife and proton beam or heavy-charged-particle radiosurgery. In order to enhance precision, various devices may incorporate robotics and real time imaging.⁴

Gamma Knife

Standard gamma knife uses 192 or 201 beams of highly focused gamma rays all aiming at the target region. The Gamma Knife is ideal for treating small to medium size lesions.

Linear accelerator- (LINAC)

LINAC machines deliver high-energy x-rays, also known as photons. It can provide treatment on larger tumors in a single session or during multiple sessions (fractionated SRT). The principles of LINAC are identical to GammaKnife.⁴

CyberKnife

This device combines a mobile LINAC machine with an image guided robotic system that delivers either a single large dose or fractionated radiation therapy. The overall length of time of treatment on a CyberKnife is typically longer than with other radiation therapy modalities.^{4 11}

Proton Beam

There is limited use of this in North America; however the number of centers has dramatically increased in the last several years. Protons are atoms that carry a positive charge. Compared to the use of photons (x-rays), the energy from protons conforms to the tumor better and causes less damage to the surrounding tissue. This allows a greater dose of radiation to be used due to minimizing the effects to normal tissue.

National Comprehensive Cancer Network

SBRT/extremely hypofractionated image-guided intensity-modulated radiation therapy (IMRT) regimens (6.5 Gy per fraction or greater) can be considered as an alternative to conventionally fractionated regimens in the treatment of prostate cancer at clinics with appropriate technology, physics, and clinical expertise. Longer follow-up and prospective multi-institutional data are required to evaluate longer-term results, especially because late toxicity theoretically could be worse in hypofractionated regimens compared to conventional fractionation (1.8 Gy-2.0 Gy).¹³

The World Health Organization notes the following information regarding Grade I meningiomas: stereotactic or image guided therapy is recommended when using tight margins or when close to critical structures.²³

A revision to the metastatic spine guideline notes that in selected cases or recurrences after previous radiation, SBRT is appropriate.²³

Definitive radiation therapy, particularly SBRT, is recommended for individuals with early stage non-small cell lung cancer (i.e., stage I-II, NO) who are medically inoperable or those who refuse surgery.²²

SBRT for the treatment of pancreatic adenocarcinoma should be delivered at an experienced high-volume center with technology that allows for image-guided radiation therapy or in a clinical trial.²⁵ Most recent guidelines from NCCN on the principles of radiation therapy note that data are limited to support radiation therapy recommendations for locally advanced disease. The guidelines include SBRT as an “option” in select patients with pancreatic adenocarcinoma with good performance status and locally advanced disease without systemic metastasis. Chemoradiation or SBRT may be also be an option in select patients who are not candidates for combination therapy, an option in disease progression when SBRT had not been previously given, and as an option for isolated local recurrence. SBRT should be avoided if direct invasion of the bowel or stomach is observed on imaging and/or endoscopy.²⁵

SBRT can be considered in patients with hepatocellular carcinoma, as an alternative to ablation/embolization techniques or when these therapies have failed or are contraindicated. SBRT (1-5 fractions) is often used for patients with 1-3 tumors. SBRT could be considered for

CLINICAL POLICY

Stereotactic Body Radiation Therapy

larger lesions or more extensive disease, if there is sufficient uninvolved liver and liver radiation tolerance can be respected. There should be no extra hepatic disease or it should be minimal and addressed in a comprehensive management plan. (Category 2B recommendation)²⁶

There is currently insufficient evidence to recommend SBRT for treatment of head and neck cancers, however, it might be beneficial for palliation or for older adults. When using SBRT techniques in reirradiation, selection of patients who do not have circumferential carotid involvement is advised.³⁴ The best outcomes are seen in patients with smaller tumors and no skin involvement.³⁴

American Academy of Neurology

There is insufficient evidence to make recommendations regarding the use of gamma knife thalamotomy in the treatment of essential tremor. Per UpToDate, “Gamma knife thalamotomy has not generally been adopted for essential tremor due to concerns about delayed radiation side effects, including risk of radiation necrosis and a theoretical risk of secondary tumor formation.”³¹

Per UpToDate on seizures and epilepsy in children, “Stereotactic radiosurgery may be helpful for selected cases when the lesion is located where a conventional surgical approach is technically difficult or excessively risky. More information is needed on long-term outcome before wider application of this procedure.”³⁷

American Society for Radiation Oncology (ASTRO), the American Society of Clinical Oncology (ASCO), and the American Urological Association (AUA)

Per a recent new guideline on hypofractionated radiation therapy for localized prostate cancer from ASTRO, ASCO, and the AUA, “Based on high-quality evidence, strong consensus was reached for offering moderate hypofractionation across risk groups to patients choosing external beam radiation therapy. The task force reached a weaker consensus for ultrahypofractionated radiation therapy. Extremely hypofractionated radiation therapy, also known as ultrahypofractionation, SBRT or stereotactic ablative radiation therapy (SABR) may be offered for low and intermediate risk prostate cancer, but strongly encourages treatment of intermediate-risk patients on a clinical trial or multi-institutional registry. For high-risk disease, the panel does not suggest offering ultrahypofractionation outside of a trial or registry.”³³ Recommendations for ultrahypofractionation were graded by the panel as conditional, reflecting the limited base of current evidence on this approach. The guideline recommends large-scale randomized clinical trials and stresses the importance of shared decision making between clinicians and patients.³³

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage.

CLINICAL POLICY

Stereotactic Body Radiation Therapy

Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
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
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
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
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	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
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)
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

HCPS	Description
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-CM Diagnosis Codes that Support Coverage Criteria (may not be all inclusive)

ICD-10-CM Code	Description
C22.0-C22.9	Malignant neoplasm of liver and intrahepatic bile ducts
C25.0- C25.9	Malignant neoplasm of pancreas
C34.00-C34.92	Malignant neoplasm of bronchus and lung
C61	Malignant neoplasm of prostate
C70.0-C70.9	Malignant neoplasm of meninges

CLINICAL POLICY
Stereotactic Body Radiation Therapy



ICD-10-CM Code	Description
C71.0-C71.9	Malignant neoplasm of brain
C72.0-C72.59	Malignant neoplasm of spinal cord, cranial nerves
C78.00-C78.02	Secondary malignant neoplasm of lung
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.89	Secondary malignant neoplasm of other digestive organs
C79.31-C79.32	Secondary malignant neoplasm of brain and cerebral meninges
D18.02	Hemangioma of intracranial structures
D32.0-D32.9	Benign neoplasm of meninges
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.3	Benign neoplasm of cranial nerves
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D35.4	Benign neoplasm of pineal gland
D42.0-D42.9	Neoplasm of uncertain behavior of meninges
D43.0-D43.9	Neoplasm of uncertain behavior of brain and central nervous system
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D49.6	Neoplasm of unspecified behavior of brain
G40.011-G40.019	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable
G40.111-G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable
G40.211-G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable
G40.311-G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable
G40.A11-G40.A19	Absence epileptic syndrome, intractable
G40.B11-G40.B19	Juvenile myoclonic epilepsy, intractable
G40.411-G40.419	Other generalized epilepsy and epileptic syndromes, intractable
G40.803-G40.804	Other epilepsy, intractable
G40.813-G40.814	Lennox-Gastaut syndrome, intractable
G40.823-G40.824	Epileptic spasms, intractable,
G40.911-G40.919	Epilepsy, unspecified, intractable
G50.0	Trigeminal neuralgia
Q28.2	Arteriovenous malformations of cerebral vessels

CLINICAL POLICY
Stereotactic Body Radiation Therapy



ICD-10-CM Code	Description
Z51.0	Encounter for antineoplastic radiation therapy

Reviews, Revisions, and Approvals	Date	Approval Date
Added hepatocellular cancer as an indication for SBRT per NCCN; added information to background section from NCCN that SBRT in the treatment of pancreatic adenocarcinoma be used preferably in the context of a clinical trial; added to background section, that while AAN, that there is insufficient evidence to make recommendations regarding the use of gamma knife thalamotomy in the treatment of essential tremor; codes reviewed and updated.	03/18	
Added low to intermediate risk localized prostate cancer to section I.as medically necessary. Updated background. Revised coding section, combining ICD 10 codes into applicable categories. References reviewed and updated.	2/19	03/19
Revised wording in I.A from “in patients who are not surgical candidates” to “as an alternative to surgery”; Added to section I. Indications for SBRT: Pancreatic cancer and high risk prostate cancer, when specific criteria are met; Added to section II- indication for SRS: Refractory epileptic seizures in children, when criterion is met. Updated background information regarding NCCN recommendations on pancreatic cancer. Added note that ICD 10 code list may not be all inclusive. Added the following ICD-10 code/code ranges: C25.0- C25.9, C78.89, G40.011-G40.019, G40.111-G40.119, G40.211-G40.219, G40.311-G40.319, G40.A11-G40.A19, G40.B11-G40.B19, G40.411-G40.419, G40.803-G40.804, G40.813-G40.814, G40.823-G40.824, and G40.911-G40.919. Internal and external specialist review.	10/2020	7/2020
Annual review of policy. References reviewed and updated. Added CPT- 61800. Replaced “member” with” member/enrollee” in all instances.	7/2021	9/7/2021

References

1. ACR practice parameter for the performance of brain stereotactic radiosurgery. American College of Radiology website. <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/stereobrain.pdf>. Published 1997 (revised 2016). Accessed December 28, 2020.
2. Model Policy: Stereotactic body radiation therapy (SBRT). American Society for Radiation Oncology (ASTRO) website. www.astro.org. Published June 2020. Accessed December 28, 2020.
3. Model Policy: Stereotactic radiosurgery (SRS) model coverage policy. American Society for Radiation Oncology (ASTRO) website. www.astro.org. Published 2014. Accessed December 28, 2020.
4. Chen CC, Chapman PH, Loeffler JS. Stereotactic cranial radiosurgery. UpToDate website. www.uptodate.com. Published September 23, 2019. Accessed December 28, 2020.

CLINICAL POLICY

Stereotactic Body Radiation Therapy

5. Koyfman SA. General principles of radiation therapy for head and neck cancer. UpToDate website. www.uptodate.com. Published June 18, 2020. Accessed December 28, 2020.
6. Health Technology Assessment: Stereotactic Radiosurgery for Movement Disorders. Hayes website. www.hayesinc.com. Published September 13, 2019. Accessed December 29, 2020.
7. Heinzerling JH, Timmerman RD. Stereotactic body radiation therapy for lung tumors. UpToDate website. www.uptodate.com. Published June 10, 2020. Accessed December 29, 2020.
8. Radiosurgery practice guideline initiative: Stereotactic radiosurgery for patients with intractable typical trigeminal neuralgia who have failed medical management: Radiosurgery Practice Guideline Report #1-03. International RadioSurgery Association website: . <https://www.isrsy.org/en/> Published September 2003 (updated January 2009). Accessed December 29, 2020.
9. Karajannis MA, Marcus KJ. Focal brainstem glioma. UpToDate website. www.uptodate.com. Published September 18, 2020. Accessed December 29, 2020.
10. Lederman G, Lowry J, Wertheim S, et al. Acoustic neuroma; potential benefits of fractionated stereotactic radiosurgery. *Stereotact Funct Neurosurg* 1997;69(1-4 Pt 2):175-82.
11. Loeffler JS, Shih HA. Radiation therapy of pituitary adenomas. UpToDate website. www.uptodate.com. Published April 4, 2019. Accessed December 29, 2020.
12. Mitin T. Radiation therapy techniques in cancer treatment. UpToDate website. www.uptodate.com. Published September 8, 2020. Accessed December 29, 2020.
13. NCCN Guidelines: prostate cancer version 3.2020. National Comprehensive Cancer Network website www.nccn.org. Published November 17, 2020. Accessed December 29, 2020.
14. Local Coverage Determination (LCD): Stereotactic radiation therapy: Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT) (L34151). Centers for Medicare and Medicaid Services website. <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Published October 1, 2015 (revised December 1, 2019). Accessed December 29, 2020.
15. Park JK, Vernick DM, Ramakrishna N. Vestibular schwannoma (acoustic neuroma). UpToDate website. www.uptodate.com. Published December 22, 2020. Accessed December 29, 2020.
16. Pollock BE, Lunsford LD. A call to define stereotactic radiosurgery. *Neurosurgery*. 2004 Dec;55(6): 1371-3.
17. Stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT). Radiological Society of North America website. <https://www.radiologyinfo.org/en/info.cfm?pg=stereotactic>. Published May 28, 2019. Accessed December 29, 2020.
18. Singer RJ, Ogilvy CS, Rordorf G. Brain arteriovenous malformations. UpToDate website. www.uptodate.com. Published November 9, 2020. Accessed December 29, 2020.
19. Synderman C, Lin D. Chordoma and chondrosarcoma of the skull base. UpToDate website. www.uptodate.com. Published November 27, 2019. Accessed December 29, 2020.
20. Cancers treated with proton therapy. The National Association for Proton Therapy website. <https://www.proton-therapy.org/science/tumors-diseases/>. Accessed December 29, 2020.
21. Owen D, Iqbal F, Pollock BE, et al. Long-term follow-up of stereotactic radiosurgery for head and neck malignancies. *Head Neck*. 2015 Nov;37(11):1557-62. Epub 2014 Aug 1.

CLINICAL POLICY

Stereotactic Body Radiation Therapy

22. NCCN Guidelines: non-small cell lung cancer version 2.2021. National Comprehensive Cancer Network website www.nccn.org. Published December 15, 2020. Accessed December 29, 2020.
23. CCN Guidelines: central nervous system cancers version 3.2020. National Comprehensive Cancer Network website www.nccn.org. Published September 11, 2020. Accessed December 29, 2020.
24. Videtic GMM, Donington J, Giuliani M, et al. Stereotactic body radiation therapy for early stage non-small cell lung cancer: an ASTRO Evidence-Based Guideline. American Society for Radiation Oncology (ASTRO). *Pract Radiat Oncol*. 2017 Sep - Oct;7(5):295-301.
25. NCCN Guidelines: pancreatic adenocarcinoma version 1.2021. National Comprehensive Cancer Network website www.nccn.org. Published October 23, 2020. Accessed December 29, 2020.
26. NCCN Guidelines: hepatocellular carcinoma version 5.2020. National Comprehensive Cancer Network website www.nccn.org. Published August 4, 2020. Accessed December 29, 2020.
27. Zesiewicz TA, Elble RJ, Louis ED, et al. Evidence-based guideline update: Treatment of essential tremor. Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2011 Nov 8; 77(19): 1752–1755. Reaffirmed April 30, 2014
28. Curley SA, Stuart KE, Schwartz JM, Carithers RL, Hunter KU. Nonsurgical therapies for localized hepatocellular carcinoma: transarterial embolization, radiotherapy, and radioembolization. UpToDate website. www.uptodate.com. Published December 11, 2020. Accessed December 29, 2020.
29. Caivano D, Valeriani M, Russo I, et al. Stereotactic Body Radiation Therapy in Primary and Metastatic Liver Disease. *Anticancer Res*. 2017 Dec;37(12):7005-7010.
30. Su TS, Liang P, Liang J, et al. Long-Term Survival Analysis of Stereotactic Ablative Radiotherapy Versus Liver Resection for Small Hepatocellular Carcinoma. *Int J Radiat Oncol Biol Phys*. 2017 Jul 1;98(3):639-646.
31. Tarsy D, Chou KL. Surgical treatment of essential tremor. UpToDate website. www.uptodate.com. Published August 18, 2020. Accessed December 29, 2020.
32. DiBiase SJ, Roach M. External beam radiation therapy for localized prostate cancer. UpToDate website. www.uptodate.com. Published August 20, 2020. Accessed December 29, 2020.
33. Morgan SC, Hoffman K, Loblaw DA, et al. Hypofractionated radiation therapy for localized prostate cancer: executive summary of an ASTRO, ASCO, and AUA Evidence-Based Guideline. *J Urol*. 2018
34. NCCN Guidelines: head and neck cancers version 1.2021. National Comprehensive Cancer Network website www.nccn.org. Published November 9, 2020. Accessed December 29, 2020.
35. Ryan DP, Mamon H. Initial chemotherapy and radiation for nonmetastatic, locally advanced, unresectable and borderline resectable, exocrine pancreatic cancer. UpToDate website. www.uptodate.com. Published December 15, 2020. Accessed December 29, 2020.
36. Zelefsky MJ, Kollmeier M, McBride S, et al. 5-Year Outcomes of a Phase I Dose Escalation Study Using Stereotactic Body Radiosurgery for Patients with Low and Intermediate Risk Prostate Cancer. *Int J Radiat Oncol Biol Phys*. 2019 Jan 3. pii: S0360-3016(18)34227-5.
37. Wilfong A. Seizures and epilepsy in children: refractory seizures. UpToDate website. www.uptodate.com. Published October 20, 2020. Accessed December 29, 2020.

CLINICAL POLICY

Stereotactic Body Radiation Therapy

38. Hayes Comparative Effectiveness Review: Stereotactic Radiosurgery for Trigeminal Neuralgia. Hayes website. www.hayesinc.com. Published September 26, 2019. Accessed December 29, 2020.
39. Loeffler JS. Overview of the treatment of brain metastases. UpToDate website. www.uptodate.com. Published December 17, 2020. Accessed December 29, 2020.