

**Health Technology Clinical Committee  
Findings and Decision**

**Topic:** Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy  
**Meeting Date:** November 16, 2012  
**Final Adoption:** March 22, 2013

**Number and Coverage Topic:**

**20121116A** – Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy

**HTCC Coverage Determination:**

Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy are **covered benefits with conditions** consistent with the criteria identified in the reimbursement determination.

**HTCC Reimbursement Determination:**

**Limitations of Coverage**

Stereotactic Radiation Surgery (SRS) for Central Nervous System (CNS) primary and metastatic tumors is a covered benefit for adults and children when the following criteria are met:

- Patient functional status score, i.e., Karnofsky score, is greater than or equal to 50; and
- Evaluation includes multidisciplinary team analysis (e.g., tumor board), including surgical input.

Stereotactic Body Radiation Therapy (SBRT) is covered for adults and children for the following conditions when the following criteria are met:

- For cancers of spine/paraspinal structures: or
- For inoperable non-small cell lung cancer, stage 1; and
- Evaluation includes multidisciplinary team analysis (e.g., tumor board), including surgical input.

**Non-Covered Indicators**

- All other indications

**Agency Contact Information**

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

**Final**

**HTCC Coverage Vote and Formal Action**

**Committee Decision**

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and agency and state utilization information. The committee concluded that the current evidence on Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy demonstrates that there is sufficient evidence to cover with conditions. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to cover with conditions Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy.

**Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy Coverage Vote**

<b>HTCC Committee Coverage Determination Vote</b>			
	<b>Not Covered</b>	<b>Covered Unconditionally</b>	<b>Covered Under Certain Conditions</b>
Stereotactic Radiation Surgery	0	0	<b>11</b>
Stereotactic Body Radiation Therapy	0	0	<b>11</b>

**Discussion**

The Chair called for discussion of conditions of coverage for Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy following the majority voting for coverage under certain conditions. The following conditions were discussed and approved by a majority of the clinical committee:

**Limitations of Coverage**

- Stereotactic Radiation Surgery covered for tumors with conditions:
  - Functional status- Karnofsky score greater than or equal to 50, and
  - Multidisciplinary team analysis, including surgical input
- Stereotactic Body Radiation Therapy (SBRT) is a covered with conditions:
  - Cancers of spine/paraspinal structures, or
  - Non-small cell lung cancer, stage 1, inoperable; and
  - Multidisciplinary team analysis, including surgical input.

**Non-Covered Conditions**

- All other indications

**Action**

The committee Chair directed HTA staff to prepare a Findings and Decision document on Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy reflective of the majority vote for final approval at the next public meeting.

**Final**

The committee reviewed the evidence report for existing clinical guidelines and Centers for Medicare & Medicaid Services (CMS) decisions. CMS does not have a national coverage determination (NCD) for Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy.

**Health Technology Clinical Committee Authority:**

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.

**Meeting materials and transcript are available on the HTA website at:**  
[http://www.hta.hca.wa.gov/past\\_materials.html](http://www.hta.hca.wa.gov/past_materials.html)