

November 19, 2018

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(Submitted electronically)

RE: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) Policy Number: HCS-0395-017

Dear Dr. Loy:

The American Society for Radiation Oncology (ASTRO)¹ would like to provide input on Humana's Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) Policy (HCS-0395-017). ASTRO publishes a distinct series of model policies to efficiently communicate appropriate coverage policies for radiation oncology services. We work to maintain updated information and inform payers of all changes to existing policies. ASTRO's Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) Model Policies were most recently revised in 2014 and are enclosed for your review. While ASTRO believes the clinical indications outlined in Humana's policy are generally compatible with our Model Policies, we are concerned that some of the policy verbiage is limiting. Below are the most significant differences between the ASTRO Model Policies and the coverage outlined in Humana's SBRT and SRS policies.

Stereotactic Body Radiation Therapy (SBRT)

Humana's policy lacks coverage for many clinical indications that are commonly associated with the use of SBRT, including bone metastases, gynecologic, renal, and pancreatic cancers. Though Humana provides some coverage for hepatocellular cancer, non small cell lung cancer, and prostate cancer, the policy includes many caveats regarding Gleason score, tumor operability, and life expectancy that greatly limits providers. ASTRO's SBRT Model Policy includes coverage for primary and metastatic tumors to the liver, lung, kidney, adrenal gland, and pancreas. The Model Policy also states that there is sufficient data supporting the use of SBRT for prostate cancer in patients with patients with low- to intermediate-risk disease.

The table below compares the disease sites that Humana completely omits to ASTRO's Model Policy:

¹ *ASTRO members are medical professionals, who practice at hospitals and cancer treatment centers in the United States and around the globe and make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers, and treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy and coding for radiation oncology services.*

Humana	ASTRO Model Policy
Bone Metastasis	SBRT has been demonstrated to achieve durable tumor control when treating lesions in vertebral bodies or the paraspinal region, where extra care must be taken to avoid excess irradiation of the spinal cord when tumor-ablative doses are administered.
Cholangiocarcinoma	SBRT is indicated for treatment of head and neck tumors that have recurred after primary irradiation when criteria is met and documented in the medical record.
Colon/rectal cancer	SBRT may be appropriate for tumors arising in or near previously irradiated areas when a high level of precision and accuracy is needed to minimize the risk of injury to surrounding normal tissues.
Gynecologic cancer	SBRT is indicated for treatment of pelvic tumors that have recurred after primary irradiation when criteria is met and documented in the medical record.
Kidney/renal cancer	SBRT is indicated for primary tumors and tumors metastatic to the kidney.
Pancreatic cancer	SBRT is indicated for primary tumors and tumors metastatic to the pancreas.

Therefore, ASTRO recommends revising this section to match the Indications for Coverage on pages three and four of the ASTRO SBRT Model Policy.

Stereotactic Radiosurgery

The ASTRO SRS Model Policy contains a complete list of ICD-10 codes appropriate for SRS, as well as a list of indications and limitations of coverage, some of which are not included in Humana’s policy. Humana’s coverage determinations on page three and four limit coverage for Arteriovenous malformations (AVMs), brain malignancies, pituitary adenomas, and epilepsy.

The table below outlines the restrictions Humana places on SRS coverage:

Humana	ASTRO Model Policy
<p>Arteriovenous malformations (AVMs)</p> <ul style="list-style-type: none"> • AVM of the brain less than 3 cm in size; AND • Individuals who are poor surgical risks; OR • Surgically inaccessible AVM; 	Arteriovenous malformations and cavernous malformations.
<p>Brain malignancies (primary or metastatic)</p> <ul style="list-style-type: none"> • Four or less lesions; AND • Good performance status (a score between 80 and 100 on the Karnofsky Performance Scale¹¹⁰) • [ie, at a minimum, able to perform normal activity with effort]; AND • No active systemic disease (defined as extracranial disease that is stable or in remission) 	Metastatic brain, independent of the number of lesions if other positive clinical indications exist , with stable systemic disease, Karnofsky Performance Status 40 or greater (and expected to return to 70 or greater with treatment) , and otherwise reasonable survival expectations, OR ECOG Performance Status of 3 or less (or expected to return to 2 or less with treatment.)

Pituitary adenomas <ul style="list-style-type: none">• Adjuvant to partial resection; OR• Not amenable to surgical excision; OR• Recurrence of tumor;	Benign brain tumors such as meningiomas, acoustic neuromas, other schwannomas, pituitary adenomas , pineocytomas, craniopharyngiomas, glomus tumors or hemangioblastomas.
Humana members may NOT be eligible under the Plan for SRS for the following: <ul style="list-style-type: none">• Epilepsy	Other cranial non-neoplastic conditions such as trigeminal neuralgia and select cases of medically refractory epilepsy , movement disorders such as Parkinson’s disease and essential tremor, and hypothalamic hamartomas.

The ASTRO SRS and SBRT Model Policies include extensive lists of references supporting all of the above-listed recommendations. **We encourage Humana to update their SRS and SBRT coverage policy and expand the covered indications to include all those listed in the ASTRO Model Policies. As it is written, the current policy limits providers and disrupts the process of care for patients receiving SRS and SBRT.**

Thank you for your consideration of our comments. Should you have any questions or wish to discuss our recommendations further, please contact Jessica Adams, Health Policy Analyst (703) 839-7396 or via email at Jessica.adams@astro.org.

Respectfully submitted,



Laura I. Thevenot
Chief Executive Officer

Enclosed:
ASTRO Stereotactic Body Radiation Therapy Model Policy
ASTRO Stereotactic Radiosurgery Model Policy