Real-Time Intra-Fraction Target Tracking During Radiotherapy

I. Policy

University Health Alliance (UHA) will reimburse for Real-Time Intra-Fraction Target Tracking during radiation therapy (subject to limitations and guidelines) when it is determined to be medically necessary and meets medical criteria guidelines.

This policy discusses the use of real-time intra-fraction target tracking during radiation therapy ("real-time tracking"). These techniques enable adjustment of the target radiation while it is being delivered (i.e., intra-fraction adjustments) to compensate for movement of the organ inside the body. Real-time tracking, which may or may not use radiographic images, is one of many techniques referred to as image-guided radiation therapy (IGRT). This policy does not address IGRT used as part of stereotactic (body) radiotherapy.

II. Criteria/Guidelines

A. Deep Inspiration Breath Hold Technique is only covered for left breast cancer if the criteria noted below have been met.
   1. Deep Inspiration Breath Hold Technique (DIBH) can be used for breast cancer, as a technique to deliver whole breast irradiation in patients receiving treatment for left-sided breast cancer after breast conserving surgery. The technique can be used when all of the following conditions are met:
      a. Significant cardiac radiation exposure is expected to be greater than or equal to 25 Gy to 10cm3 or more of the heart (V25 greater than or equal to 10cm3) with 3D conformal RT despite the use of a complex positioning device.
      b. With the use of DIBH, there is a reduction in the absolute heart volume receiving 25 Gy or higher by at least 20% (e.g., volume predicted to receive 25Gy by 3D RT is 20 cm3 and the volume predicted by IMRT <16 cm3).
      c. The other conformal radiation fields results in a lung V 20 that exceeds 35%.
      d. Target dose heterogeneity is reduced by an absolute 8% (e.g. hot spot reduced from 118% to 110%).

B. Real-time intra-fraction target tracking during individual radiation therapy treatment sessions is covered in select cases (e.g., left sided thoracic targets, among others) because published data and recommendations support this modality in select cases.

C. In all other cases, real-time intra-fraction target tracking during radiotherapy to adjust radiation doses or monitor target motion during individual radiotherapy treatment sessions is not covered because current evidence is insufficient to demonstrate that this technique improves health outcomes when compared to existing techniques.

III. Limitations/Exclusions

A. Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy is covered in select cases with approved prior authorization.

B. Respiratory gating techniques for the delivery of radiotherapy are not covered because the current evidence is insufficient to determine whether this improves health outcomes.
NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member’s individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Administrative Guidelines

A. Prior Authorization is required.

B. To request prior authorization, please submit via UHA’s online portal.

Applicable Codes:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>77293</td>
<td>Respiratory motion management simulation (List separately in addition to code for primary procedure)</td>
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<tr>
<td>77387</td>
<td>Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed</td>
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<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G6017</td>
<td>Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment</td>
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</table>

V. Policy History

Policy Number: MPP-0098-121120

Current Effective Date: 08/08/2019

Original Document Effective Date: 11/20/2012

Previous Revision Dates: 08/08/2018

PAC Approved Date: 11/20/2012