



# Medical Policy

**Policy:** 201501  
**SUBJECT:** Real-Time Intra-Fraction Target Tracking Systems

**Initial Effective Date:** 01/07/2015  
**Annual Review Date:** 04/25/2018  
**Last Revised Date:** 04/25/2018

**Definition:** Real-time intra-fraction target tracking systems (e.g., Calypso® 4D Localization System, Seattle, WA; Align RT® Radiotherapy Positioning System, Vision RT, Ltd., London UK; Elekta Active Breathing Coordinator™, Stockholm, Sweden) are utilized in conjunction with image-guided radiation therapy (IMRT) to target and treat motion prone tumors with precision, thereby theoretically preserving surrounding healthy tissue and organs during radiation therapy. A set of beacon electromagnetic transponders are implanted within the targeted tumor with a 4D electromagnetic array positioned to activate and communicate with the transponders using radiofrequency waves and a tracking system. This process enables more precise tumor targeting with radiation therapy.

**Medical Necessity:** The Company considers real-time intra-fraction target tracking (**HCPCS Code G6017**) **medically necessary** and eligible for reimbursement providing that *all* of the following medical criteria are met:

- Performed during radiation therapy for prostate cancer;

**AND**

*At least one* of the following clinical conditions is present:

- Malignant neoplasm of prostate
- Carcinoma in situ of prostate
- Personal history of malignant neoplasm of prostate

**NOTE:** The Company considers real-time intra-fraction target tracking for *all* other indications **not medically necessary** and **not** eligible for reimbursement. Real-time intra-fraction target tracking should only be billed with the indicated procedure code.



# Medical Policy

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## **Documentation Requirements:**

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.



# Medical Policy

## Sources of Information:

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<b>CPT:</b>	<b>NA</b>
<b>HCPCS:</b>	<b>G6017</b>

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