[Your Radiation Therapy Center Name]
[Your Center's Address]
[City, State, ZIP Code]
[Phone Number]
[Email Address]
[Website]

[Date]

[Chief Medical Officer's Name]
Chief Medical Officer
[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Re: Appeal for Reconsideration of CPT Code 77412 for Patient [Patient Name/Identifier]

Dear [Chief Medical Officer's Name],

I am writing on behalf of [Your Radiation Therapy Center Name] to formally request reconsideration of the denial or non-payment of CPT code 77412 associated with the radiation therapy treatment provided to [Patient Name/Identifier] for prostate cancer.

This code reflects the medically necessary use of active motion management, which was employed to ensure precise, safe, and effective delivery of radiation therapy in this case.

Per the AMA CPT guidelines, CPT code 77412 encompasses active motion management, defined as: “intra–fraction imaging (real–time imaging during the treatment session), fiducials (small markers placed in or near a tumor to help track its position), or surface guidance (monitoring the patient's external body surface as a surrogate for internal motion) to track patient or tumor movement, such as during breathing, so the radiation beam can be gated or adjusted in real time.”

The ASTRO 2026 Radiation Oncology Coding Resource further describes surface guidance for active motion management as: “a technique that allows the linear accelerator to perform gating (i.e., optical) during treatment delivery using the body surface contour as a surrogate for internal target motion and OAR avoidance.”

Our facility utilizes AlignRT for active motion management. AlignRT employs 3D stereo cameras and six degrees of freedom (6DoF) intrafraction monitoring to continuously track patient position. Radiation delivery occurs only when the patient remains within the

predefined tolerance, offering sub-millimetric accuracy independent of skin tone, couch position, or gantry angle. This technology improves target coverage while minimizing dose to surrounding normal tissues and organs at risk (OARs).

The NCCN Guidelines, Version 5.2026, for Prostate Cancer strongly support the use of image guidance to reduce treatment-related toxicity (Principles of Radiation Therapy section, page 71). Specifically, Item 3 under this section highlights the value of real-time intrafraction volumetric tracking to enhance treatment accuracy and safety.

Peer-reviewed literature further supports the clinical benefit of active motion management, including surface-guided radiation therapy (SGRT), in prostate radiotherapy. A relevant recent publication includes:

> Macedo-Jiménez et al. (2025) https://doi.org/10.1186/s13014-025-02638-3 analyzed intra-fractional surface motion during adaptive prostate radiotherapy. The study documented consistent vertical shifts over the course of extended treatment sessions and highlighted temporal discrepancies between surface and internal target positions. While the authors note that SGRT alone may have limitations for inter-fractional alignment, their findings clearly demonstrate the presence and progression of intra-fraction motion during prostate radiotherapy—underscoring the importance of real-time motion monitoring and management techniques such as those provided by AlignRT.

Given the alignment with AMA CPT definitions, ASTRO coding guidance, NCCN recommendations, and published evidence demonstrating the presence of intra-fraction motion and the value of real-time tracking in prostate radiation therapy, we respectfully request that you reconsider CPT code 77412 as medically necessary and appropriately reimbursable for this patient's treatment.

We are happy to provide additional documentation, including treatment records, AlignRT session reports, or further peer-reviewed references, to support this appeal.

Please contact me directly at [Your Phone Number] or [Your Email Address] if you require any supplementary information to complete your review. Thank you for your time and consideration. We look forward to your favorable response.

Sincerely,

[Your Name]
[Your Title, e.g., Medical Director or Radiation Oncologist]
[Your Radiation Therapy Center Name]

[Phone Number]
[Email Address]