



**American Association of Neurological Surgeons
Congress of Neurological Surgeons**

Grassroots Action Alert

CMS Slashes Medicare Reimbursement for Stereotactic Radiosurgery for 2009

NEUROSURGEONS SHOULD CONTACT CMS BY DECEMBER 29, 2009 TO URGE ADOPTION OF THE AMA RUC RECOMMENDED VALUES

BACKGROUND

After years of pressure by the Centers for Medicare and Medicaid Services (CMS) and other payers, the AANS and CNS were finally forced to restructure the coding scheme for stereotactic radiosurgery (SRS). Earlier this year, the CPT Editorial Panel approved 7 new SRS codes (see below) to replace CPT Code 61793, which will no longer be available in 2009. Following the adoption of this new code set, the American Medical Association's Relative Value Update Committee (RUC) approved the AANS/CNS proposed relative value units (RVUs) for these new codes and the proposed values were then submitted to CMS for adoption in the 2009 Medicare Physician Fee Schedule (MFS).

CMS REJECTS RUC RECOMMENDED VALUES

On November 19, 2008, CMS published the 2009 MFS, which includes the RVUs for the new SRS codes. Unfortunately, CMS significantly reduced the RUC proposed values for these new codes based on a rationale that is significantly flawed and does not justify the cuts -- CMS rejected the RUC recommendation that these new codes are comparable to open surgical codes, ruling instead that they should be valued as compared to "more equivalent stereotactic radiation treatment" codes.

Below is a list of the new SRS codes, the RUC recommended values, the values assigned by CMS and the estimated national MFS payment amount for 2009. The current national payment rate for 61793 is \$1,140.

CPT Code	Description	RUC Proposed Work RVUs	CMS Approved Work RVUs	Total RVUs		2009 Medicare Payment	
				Proposed	Approved	Proposed	Approved
61800	Application of stereotactic headframe for stereotactic radiosurgery	2.25	2.25	3.39	3.39	\$141.76	\$141.76
61796	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); 1 simple cranial lesion	<u>15.50</u>	<u>10.79</u>	<u>24.99</u>	<u>20.28</u>	<u>\$901.39</u>	<u>\$731.50</u>
61797	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); each additional cranial lesion, simple	3.48	3.48	5.54	5.54	\$199.83	\$199.83
61798	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); one complex cranial lesion	<u>19.75</u>	<u>10.79</u>	<u>29.24</u>	<u>20.28</u>	<u>\$1,054.69</u>	<u>\$731.50</u>
61799	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); each additional cranial lesion, complex	4.81	4.81	7.66	7.66	\$276.30	\$276.30
63620	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); one spinal lesion	<u>15.50</u>	<u>10.79</u>	<u>24.99</u>	<u>20.28</u>	<u>\$901.39</u>	<u>\$731.50</u>
63621	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); each additional spinal lesion	4.00	4.00	6.37	6.37	\$229.77	\$229.77

TAKE ACTION NOW

The AANS and CNS will be working hard on your behalf to prevail upon CMS to reverse its decision and adopt the RUC recommended values. But we also need **your help** to get the RUC recommended values restored. **WE NEED YOU TO:**

1. Write a letter to CMS and protest this action (see *sample letter below*) NO LATER THAN DECEMBER 29, 2008.

Letters may be sent in the mail or submitted electronically at <http://www.regulations.gov>. If you submit electronically take the following steps:

- Go to: <http://www.regulations.gov>
- Enter file code: "CMS-1403-FC" in the *Search Documents* box and click on *Go*
- Click "Rules" under *Document Type* in the left navigation panel
- Click "Send a Comment or Submission" and the fill out the form and attach your comment per the instructions

2. Send copies of your CMS letter to your U.S. Senators and Representatives:

The Honorable [**Insert first and last name**]
United States Senate
Washington, DC 20510

The Honorable [**Insert first and last name**]
United States House of Representatives
Washington, DC 20515

3. Send a blind copy of your letter and any responses you get from your elected officials to:

Katie Orrico, Director
AANS/CNS Washington Office
725 15th Street, NW, Suite 500
Washington, DC 20005
Fax: 202-628-5264

SAMPLE LETTER

[**Insert Date**]

Mr. Kerry N. Weems, Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
PO Box 8013
Baltimore, MD 21244-8013

RE: CMS-1403-FC -- *Medicare Physician Fee Schedule – Stereotactic Radiosurgery Codes*

Dear Mr. Weems:

Thank you for the opportunity to comment on the above referenced Medicare Physician Fee Schedule (MFS) regulation. I am writing to object to CMS' decision to reduce significantly the relative value units for the new stereotactic radiosurgery (SRS) codes and urge the agency to reverse its decision and adopt the American Medical Association Relative Value Update Committee's (RUC) recommended values for CPT Codes 61796, 61798 and 63620.

I am a practicing neurosurgeon [**insert some brief information about your practice, the types of neurologic disorders that you treat with SRS and how important stereotactic radiosurgery is to your patients**].

The CMS rationale for reducing the SRS values is fatally flawed and not reasonable for several reasons, including:

1. *CMS states that the deleted CPT Code 61793 described a full course of stereotactic radiosurgery, inclusive of all lesions and anatomic sites.* This is incorrect, as 61793 was valued for a single metastasis to the brain. Additional lesions are unquestionably more work. The new CPT codes recognize that fact.
2. *CMS states that the work involved in providing radiation therapy and radiosurgery is similar and the work relative values should be similar.* This statement is false and gets to the basic misunderstanding of the difference between SRS (which replaces an open craniotomy or laminectomy) and radiotherapy. Stereotactic radiosurgery is a surgical procedure that is done as part of a multi-disciplinary team that includes neurosurgeons, radiation oncologists and medical physicists. The work effort performed by the radiation oncologist (who bills the 70000 series codes) and the neurosurgeon is separate and distinct with no overlap.
3. *CMS objected to the SRS RUC survey because open surgical reference codes were used.* SRS is a surgical procedure and therefore using both open and percutaneous surgical codes as comparators for the new SRS codes was perfectly appropriate. In choosing reference codes it is important to use codes with matching global periods and those that are familiar to the physicians being surveyed.

Failure to reimburse appropriately neurosurgeons for our efforts will restrict our ability to provide our patients who have brain and spine disorders with beneficial -- and minimally invasive -- surgical care. I therefore urge you to reverse your decision and take immediate action and adopt the RUC recommended values for CPT Codes 61796, 61798 and 63620.

Thank you for considering my comments.

Sincerely,

[Insert Your Name]

cc: Senator **[Insert first and last name]**
Senator **[Insert first and last name]**
Representative **[Insert first and last name]**

FOR MORE INFORMATION

The entire MFS can be viewed at: <http://edocket.access.gpo.gov/2008/pdf/E8-26213.pdf>. If you have any questions, please contact Cathy Hill, Senior Manager for Regulatory Affairs, AANS/CNS Washington Office at chill@neurosurgery.org or 202-628-2072.

THANK YOU FOR YOUR HELP!!!