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March 4, 2013

Same Letter Sent to House Speaker Boehner and Minority Leader Pelosi

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

Subject: Prevent Medicare Payment Cuts for Lifesaving Treatment of Brain Disorders

Dear Senators Reid and McConnell,

On behalf of the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), we are writing to express our considerable concerns related to Section 634 of the American Taxpayer Relief Act (ATRA). This section arbitrarily decreases Medicare reimbursement for lifesaving treatment for patients with serious brain disorders, including brain tumors, arteriovenous malformations (AVMs), pituitary adenomas and trigeminal neuralgia, thereby jeopardizing patient access to this important therapy. Specifically, this section inappropriately reduces hospital outpatient reimbursement for Cobalt-60, or Gamma Knife, based stereotactic radiosurgery to equal that of linear accelerator, or LINAC, based radiosurgery. **We urge you to restore reimbursement levels for Gamma Knife radiosurgery to those in place prior to the enactment of the “fiscal cliff” legislation.**

Stereotactic Radiosurgery Defined¹

Stereotactic radiosurgery (SRS) is a multispecialty discipline pioneered by neurosurgeons that utilizes externally generated ionizing radiation to inactivate or eradicate defined targets in the head or spine without the need to make an incision. The target is defined by high-resolution stereotactic imaging. To ensure quality of patient care, the procedure involves a multidisciplinary team consisting of a neurosurgeon, radiation oncologist, and medical physicist. SRS typically is performed in a single session, using a rigidly attached stereotactic guiding device, other immobilization technology and/or stereotactic image-guidance system, but can be performed in a limited number of sessions, up to a maximum of five. Technologies that are used to perform SRS include linear accelerators, particle beam accelerators, and multisource Cobalt-60 units. In order to enhance precision, various devices may incorporate robotics and real time imaging.

Cobalt-60 Radiosurgery – aka Gamma Knife

Developed by a neurosurgeon in 1968 for the dedicated use in treating neurologic disorders, the Gamma Knife is a radiosurgery treatment modality that delivers gamma radiation to the target with surgical precision. In Gamma Knife radiosurgery, specialized equipment is used to focus as many as 200 tiny beams of radiation on a brain tumor or other target in the brain. Although each beam has a very little effect on the brain tissue through which it passes, a strong dose of radiation is delivered to a precise site of the brain where all the beams meet. The precision of Gamma Knife radiosurgery, therefore, results in minimal damage to healthy tissues surrounding the target, and is often a safer option than traditional brain surgery. Gamma Knife radiosurgery is usually a one-time therapy completed in a single day.

¹ Barnett GH, et al: Stereotactic radiosurgery—an organized neurosurgery sanctioned definition. J Neurosurg 106:1–5, 2007.

There are approximately 130 Gamma Knives in clinical use in the U.S. Neurosurgeons use the Gamma Knife to treat roughly 15,000 cases each year -- 40 percent are benign tumors and functional indications and 50 percent are malignant tumors, with metastatic tumors comprising the majority of such cases.

Section 634 American Taxpayer Relief Act

As noted above, Section 634 of the ATRA² equalizes payments for stereotactic radiosurgery under Medicare's hospital outpatient payment system, and effective on April 1, 2013, reimbursement for Gamma Knife radiosurgery will be reduced to the rate paid for LINAC-based radiosurgery. Overall, the provision will cut hospital Medicare payments by approximately \$300 million, decreasing the per treatment Gamma Knife reimbursement from approximately \$8,100 to \$3,400 – a 58 percent reduction! Clearly cuts of this magnitude are not sustainable and will ultimately prevent patients with brain disorders from having access to this vital technology.

CMS Recently Rejected These Cuts

In making these cuts, Congress completely ignored the Centers for Medicare and Medicaid Services' (CMS) recent policy pronouncements on this topic. In the final Medicare Outpatient Prospective Payment System (OPPS) rule issued on November, 15, 2012,³ CMS fully considered and rejected a proposal (which came from a single commenter) to establish payment parity between Gamma Knife and LINAC radiosurgery. In the final rule the agency stated:

We disagree with the commenter's argument that the LINAC- based and Cobalt-60 based systems have similar resource costs. For the past several years, we have seen resource differences... and analysis of our claims data show that the...costs for LINAC-based and Cobalt-60-based SRS procedures differ significantly....

Because the geometric mean costs...differ significantly, we do not believe it would be appropriate to provide OPPS payment through a single APC [ambulatory payment classification] for these r-SRS treatment delivery services.

As a result of its extensive analysis, the agency assigned a mean cost of approximately \$8,138 for Gamma Knife radiosurgery and \$3,395 for LINAC-based radiosurgery for calendar year 2013. Thus, the cuts called for under Section 624 are simply not justified.

² Section 634, Payment for Certain Radiology Services Furnished Under the Medicare Hospital Outpatient Department Prospective Payment System reads in part:

“(D) SPECIAL PAYMENT RULE.—

“(i) IN GENERAL.—In the case of covered OPD services furnished on or after April 1, 2013, in a hospital described in clause (ii), if—

“(I) the payment rate that would otherwise apply under this subsection for stereotactic radiosurgery, complete course of treatment of cranial lesion(s) consisting of 1 session that is multi- source Cobalt 60 based (identified as of January 1, 2013, by HCPCS code 77371 (and any succeeding code) and reimbursed as of such date under APC 0127 (and any succeeding classification group)); exceeds

“(II) the payment rate that would otherwise apply under this subsection for linear accelerator based stereotactic radiosurgery, complete course of therapy in one session (identified as of January 1, 2013, by HCPCS code G0173 (and any succeeding code) and reimbursed as of such date under APC 0067 (and any succeeding classification group)), the payment rate for the service described in subclause (I) shall be reduced to an amount equal to the payment rate for the service described in subclause (II).

³ “Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Electronic Reporting Pilot; Inpatient Rehabilitation Facilities Quality Reporting Program; Revision to Quality Improvement Organization Regulations; Final Rule.” *Federal Register* 77 (15 Nov. 2012): 68209-68565.

Parenthetically, it is also worth noting that in the final OPPS rule, CMS stressed that consistent with its policy, it will “annually assess the appropriateness of the APC assignments for all services under the hospital OPPS” and “will continue to monitor our claims data for the SRS treatment delivery services in the future.” This annual evaluation should allay any concerns that Congress may have regarding appropriate reimbursement for stereotactic radiosurgery services.

Conclusion

Neurosurgeons must have the full range of options – including both Gamma Knife and LINAC-based radiosurgery -- at their disposal to effectively treat patients with serious brain disorders such as brain tumors, AVMs and trigeminal neuralgia. Each patient is different and therefore requires personalized treatment plans and access to the technology that will produce the best outcome. As noted above, current hospital cost reporting more accurately captures the cost differentials between the Gamma Knife and linear accelerator technologies. By drastically cutting the reimbursement for Gamma Knife radiosurgery, the AANS and CNS worry that patients with brain cancer and other neurologic diseases will lose access to this important therapy.

On behalf of America’s neurosurgeons, and the patients we serve, we urge Congress to act now and repeal Section 634 of the ATRA before it is too late to prevent the detrimental effects of this provision.

Sincerely,



Mitchel S. Berger, MD, President
American Association of Neurological Surgeons



Ali R. Rezai, MD, President
Congress of Neurological Surgeons

cc: Members, U.S. Senate

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