Neurosurgeons Urge Congress to Restore Medicare Payments for Lifesaving Brain Cancer Treatment

Arbitrary cuts for stereotactic radiosurgery jeopardize patient access to vital therapy

Washington, DC – The American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) are urging Congress to restore Medicare hospital outpatient payment rates for Cobalt-60-based stereotactic radiosurgery to those in place prior to the enactment of the American Taxpayer Relief Act. Under section 634 of the “fiscal cliff” legislation, payment rates for Cobalt-60, or Gamma Knife, based radiosurgery will arbitrarily be reduced to equal those of linear accelerator-based radiosurgery – despite significant cost differentials between the two technologies. Overall, the provision will cut hospital reimbursement by $300 million, decreasing the per treatment Gamma Knife reimbursement from approximately $8,100 to $3,400 – a 58 percent reduction.

Stereotactic radiosurgery was pioneered by neurosurgeons and is a procedure that utilizes externally generated ionizing radiation to inactivate or eradicate defined targets in the brain or spine without the need to make an incision. It is used to treat patients with serious brain disorders, including brain tumors, arteriovenous malformations (AVMs), pituitary adenomas and trigeminal neuralgia. Neurosurgeons perform radiosurgery using linear accelerators, particle beam accelerators, and Gamma Knife units. The Gamma Knife is used 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.

“Neurosurgeons must have the full range of options at their disposal to effectively treat patients with serious brain disorders such as brain tumors,” said Dr. Mitchel S. Berger, president of the AANS. “We are very worried that with cuts of this magnitude, patients with brain cancer and other neurologic diseases will lose access to this important therapy.”

In their letter to Congress, the AANS and CNS pointed out that 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, CMS fully considered and rejected a proposal to establish payment parity between Gamma Knife and LINAC radiosurgery stating that because the mean costs differ significantly, it would be inappropriate to pay the same for both technologies.

“We are urging Congress to put patients first,” added Ali Rezai, president of the CNS. “This arbitrary cut without any input from the patients and providers, and in direct contravention to CMS’ own findings, would make it impossible for hospitals to continue to offer this treatment option to patients who need it.”

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