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September 2, 2014

Ms. Marilyn B. Tavenner, Administrator
Center for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1613-P
Mail Stop C4–26–05,
7500 Security Boulevard
Baltimore, MD 21244–1850

Re: CMS-1613-P Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs Proposed Rule

Dear Ms. Tavenner:

On behalf of 4,000 practicing neurosurgeons in the United States, the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) appreciate the opportunity to comment on the above refereneced Centers for Medicare and Medicaid Services' (CMS) 2015 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems and Quality Reporting Programs Proposed Rule. In particular, we would like to highlight policies affecting two important areas of neurosurgery — Stereotactic Radiosurgery (SRS) and Deep Brain Stimulator (DBS) treatment. The policies included in the proposed rule will have a significant impact on patient access to these important life-saving treatments; thus as the agency moves to establish comprehensive Ambulatory Payment Classifications (APCs), the details are crucial to ensure that all of the costs are accounted for and adequately reimbursed. We are encouraged in the case of SRS that the agency has improved the data it is using to establish comprehensive APCs, but do not believe the same can be said for DBS. We appreciate your consideration of the following comments.

Stereotactic Radiosurgery

Last year we had grave concerns regarding the 2014 Medicare Hospital OPPS proposed rule's impact on reimbursement for SRS and provided extensive comments. We are cautiously optimistic that CMS has listened and its plan to establish a comprehensive APC for single session cranial stereotactic radiosurgery as proposed, in combination with the reimbursement level for C-APC 0067 posted in Addendum B, seems reasonable. We thank the agency for its continued review and we do not object to comprehensive APCs if they are based on accurate and robust data sets. We urge CMS to monitor the new comprehensive C-APC 0067 to be sure it establishes fair, adequate and stable reimbursement in the future. Further, for CY 2015, we urge CMS to refrain from making any technical or policy changes that could result in a decrease to the proposed payment level for C-APC 0067 to ensure that patients continue to have access to these important procedures. We also support CMS' proposal to revise the descriptor for APC 0067 to "Single Session Cranial Stereotactic Radiosurgery." This adjustment accurately reflects the full scope of services and technologies that should fall within this C-APC, an essential issue in any bundling plan.

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Deep Brain Stimulation

In the case of DBS, we fear the agency's proposed changes regarding C-APC 0039 and C-APC 0318 do not fully account for the costs incurred and may result in reduced access to this important procedure for patients who have no other adequate options for treatment. We would echo the comments of the American Society of Stereotactic and Functional Neurosurgery (ASSFN), and urge the agency not to implement the proposed changes. Just as it took CMS time and intense analysis to adequately account for the resources included in SRS, we ask that a similar reappraisal of the neurostimulator data be conducted.

The cost data regarding DBS procedures appear to be faulty. For example, the cost associated with CPT 61885 (implantation of a single-channel DBS neurostimulator) is $18,259.42. The cost of 61886 (implantation of a dual-channel DBS neurostimulator is $23,630.29. The difference between these two costs is $5,370.87, yet the difference in device costs alone — between a single-channel and a double-channel DBS neurostimulator varies from $8,930 to $17,340. This discrepancy, along with other statistical aberrancies in the cost data, suggests that the cost data for the entire DBS category should be reviewed. We ask the agency not to implement the proposed changes to C-APC 0039 and C-0318 for 2015 and instead work with stakeholder to assure that the data used are more accurate.

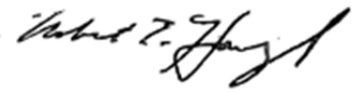
DBS has been proven by peer-reviewed, Class-I evidence, to be of enormous benefit to patients with movement disorders. In addition, DBS is superior to the best medical therapy alone, in every trial that has been designed to compare these two options. Furthermore, cost-benefit analyses have demonstrated that in addition to the enormous improvement in quality of life, DBS save money in the long run and reduces the costs associated with managing patients with advanced movement disorders.

Concluding Remarks

The AANS and CNS appreciate the opportunity to provide our comments. As always, we recognize the hard work and expertise of the many individuals involved in the Medicare program at CMS and urge them to work closely with all stakeholder to strive to craft reimbursement policy that enhances patient care through the support of innovative technology that vastly improves the quality of life and, indeed often saves the life and function of neurosurgical patients. We are hopeful that the proposed changes for SRS reflect a reasonable assessment of the costs involved, but we do not believe this is the case with DBS. While the OPPS and ASC are facility payment policies and do not directly impact reimbursement for neurosurgeons, our interest in them comes from our concern that without adequate reimbursement to the facilities in which patients are treated with these important technologies, these patient will have few, if any, alternatives.

Again, thank you for your time and attention.

Sincerely,



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