

CMS 2014 CHANGES TO RADIOSURGERY CODING AND PAYMENT AND IMPLICATIONS FOR 2015

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CYBERKNIFE COALITION

BACKGROUND



- The CKC is a non-profit association
- Comprised of U.S. hospitals and freestanding centers
- Committed to protecting patient access to image-guided robotic stereotactic radiosurgery (R-SRS) and stereotactic body radiation therapy (R-SBRT).

STEREOTACTIC RADIOSURGERY & STEREOTACTIC BODY RADIATION THERAPY

- *Stereotactic radiosurgery (SRS) & stereotactic body radiation therapy (SBRT)* are used to deliver extremely precise, high doses of radiation delivered in 1–5 treatments
- *Stereotactic* treatments are generally used to treat tumors of the brain, spine, lung, liver, pancreas, prostate, kidney, adrenal gland, other previously irradiated tumors
- Different LINAC systems can deliver SRS/SBRT treatments
 - Robotic (e.g. CyberKnife® and Vero®)
 - Non-Robotic, gantry based
- Conventional radiation (e.g. Intensity Modulated Radiation Therapy or 3D conformal treatment) consists of lower doses over a longer period, 30-45 times over 6-9 weeks

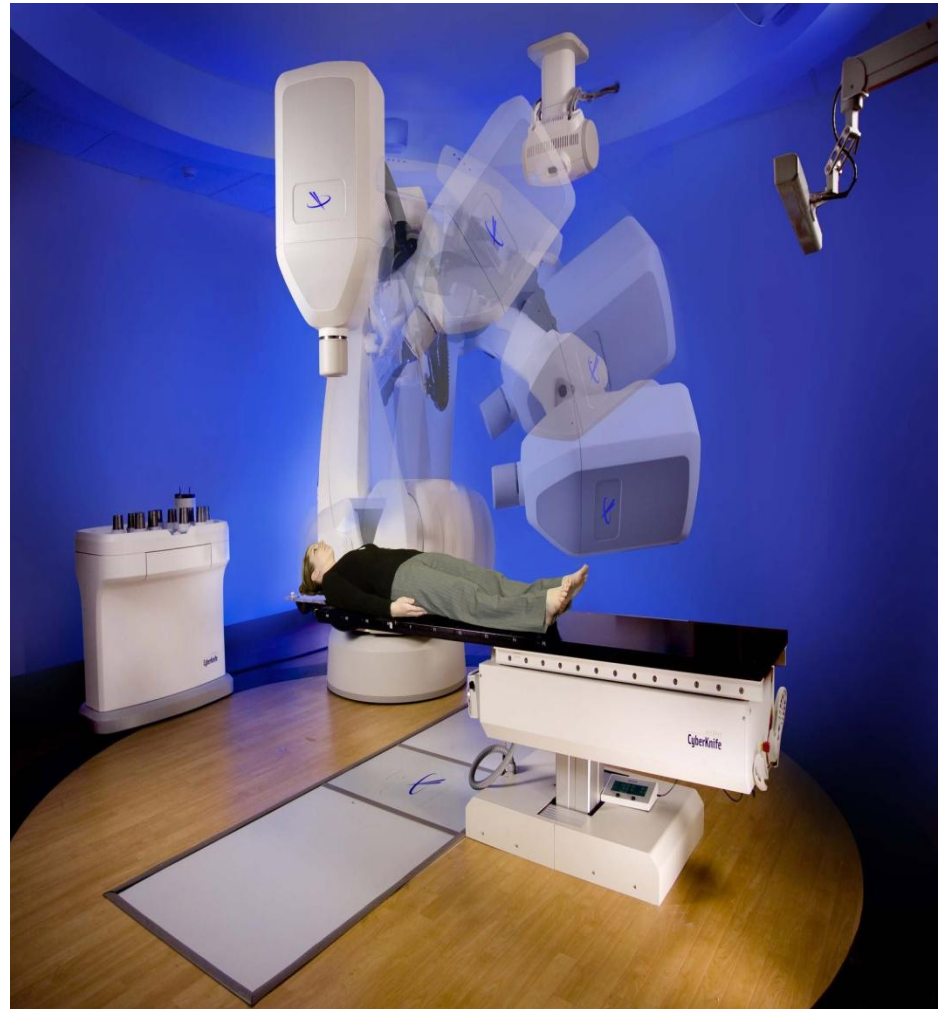
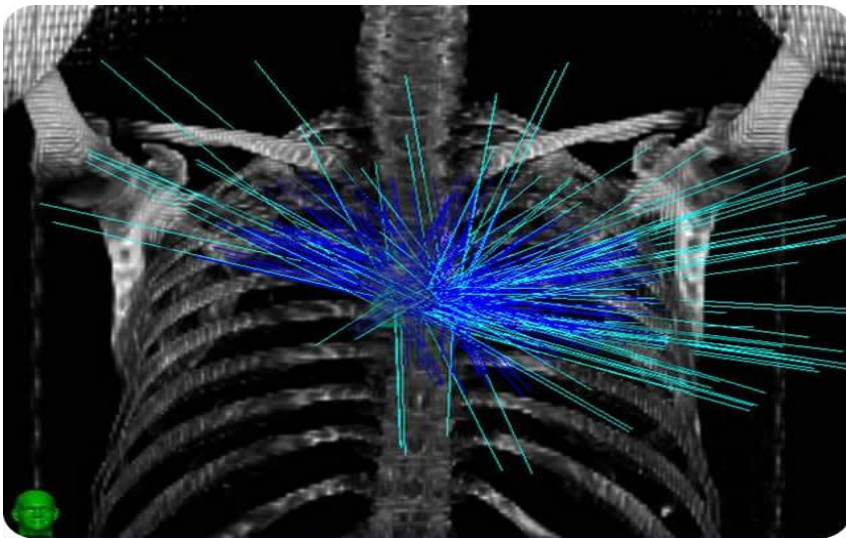
CYBERKNIFE TECHNOLOGY OVERVIEW

Linear accelerator mounted on robotic arm of 13 foot robot

Continual imaging guides beam delivery to account for the slightest movement in patient or tumor throughout therapeutic irradiation

Pencil beams delivered from over 1,600 angles converge on tumor

Never requires operator intervention or "couch kick"



2014 HOSPITAL OUTPATIENT FINAL RULE

- Eliminated HCPCS G codes historically used to distinguish robotic (G0339/G0340) and non-robotic (G0173/G0251) radiosurgery procedures
- Hospitals now required to use general CPT codes (77372/77373)
 - CPT codes (77372/77373) have been around since 2007 but were never valid codes in the hospital
 - CMS has always and repeatedly said the G codes more accurately reflect services delivered and resource costs
 - CMS's cost data show significant differences in geometric mean costs for G0339 and G0340 compared to G0251
- Now all types of SRS/SBRT lumped into 2 APCs
 - APC 0067 (CPT 77371 & 77372)—for intracranial single session treatments regardless of technology, includes single fraction cases formerly coded with G0339
 - APC 0066 (CPT 77373)— for multiple intracranial sessions and single/multiple extra cranial sessions, regardless of technology

PROBLEM

- **CMS acknowledged 2 times rule violations for APCs 0066 and 0067 but excepted them from the rule**
- **These APCs should not be excepted from the rule**
- **Valid historical cost data for the SRS/SBRT procedure codes show VERY different resource use for these procedures**
 - APC 0066
 - The geometric mean cost for robotic HCPCS code G0339 (\$3,250) is over **3 times** that of non robotic HCPCS code G0251 (\$1,038)
 - APC 0067
 - The geometric mean cost of Cobalt-60 CPT code 77371 (\$9,262) is roughly **2.8 times** that of robotic HCPCS code G0339 (\$3,250)

SOLUTION

- CMS should work with concerned stakeholders to ensure payment for SRS/SBRT procedures adequately reflects the differences in reported costs