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The Cutting Edge

Accuray's Health Policy & Payment Newsletter

April 2008

Welcome to the first addition of the Health Policy & Payment monthly newsletter. Each segment below will be updated with new articles monthly.

Please send your feedback and suggestions for future articles via email to ReimbursementService@Accuray.com.

Coding Corner

by Wendy
Wifler

This column will highlight one specific CPT or HCPCS code.

61793 - Stereotactic Radiosurgery

Due to Medicare's concerns of abuse and over-valuation, the descriptor for 61793 may be revised for 2009. These changes are now before the American Medical Association's CPT committee and require further evaluation throughout the year. The proposed changes will revise the current descriptor and allowed use of the code thus requiring us to respond by forming an ad hoc committee of multi-disciplinary physicians. This committee, Accuray HPP and Accuray's consultants are working on short- and long-term solutions for new codes that would be needed if and when 61793 is revised. The interim plan would provide for temporary codes in 2009 and permanent CPT codes starting in 2010. Action to obtain these interim and permanent codes is now progress. Any revisions will not be made public or final until publication of the proposed PFS rule (July-ish) and final publication of the 2009 CPT coding book (November-ish).

While this potential revision is not widely public yet, it is on the radar screens of some. In fact, one analyst report states: "We think starting in 2009, physicians will be able to receive reimbursement for treatment of complex and simple lesions in both the spine and cranial areas. This will likely lead to higher reimbursement than what is currently paid, especially treatment of the complex lesions. There is also likely to be an add-on payment for treatment of multiple lesions. This is likely a positive development for SRS manufacturers Accuray,

TomoTherapy and Varian." (report dated 2-20-08)

If you know surgeons interested in influencing these changes direct them to their professional society. The Society for Thoracic Surgeons, American Urological Association, and the American College of Surgeons in particular are interested in hearing from surgeons currently using 61793.

General Updates

by Dirk
Sutherland

Reimbursement Webcasts

Early in 2007 we moved away from scheduled webcasts to individual site webcasts for new sites. We made this change to allow individual sites to ask questions they felt were confidential. In the last few months we have had requests to both move back to the scheduled webcasts and keep the individual webcasts.

For the next 3 months we will schedule one 'open' reimbursement webcast per month for CyberKnife® center or providers and Accuray employees. We will also continue to hold individual webcasts for new CyberKnife sites in advance of account start-up.

The webcasts are scheduled for 11:00 AM Pacific Time Zone May 22, June 26 and July 24.

After the three month trial we will review the number of sites taking advantage of the scheduled webcasts and determine if there is a need to continue offering this service.

Collateral Collection

by Dirk
Sutherland

April Update

This segment will focus on HP&P Collateral available to you and our customers. We will start this segment off with a list of new or updated collateral and how you can get your hands on it. Future segments will include updates and highlight the use of specific documents.

All materials listed new below are available on the HP&P SharePoint Page. They will be in the 'New Collateral File' for the two weeks and then moved to the appropriate folder on the HP&P SharePoint page.

New Collateral Folder

CY 2008 HOPPS Final Rule Summary 030508
CY 2008 PFS Final Rule Summary 030508
Hospital Outpatient Setting Reimbursement Fact Sheet
HP&P Newsletter April 08

HP&P SharePoint

FDA & CMS
FDA & CMS
Fact Sheets
Fact Sheets

2008 Updated Hospital Outpatient Prostate Treatment
Comparative Modality Model

Modality Models

Updated Collateral

Sample Payer List Sorted by ICD-9
Sample Payer List Sorted by Payer
Freestanding Payment Rates Published For
Robotic Radiosurgery (version 3)
(discard all other versions)

Sample Payer Lists
Sample Payer Lists
Freestanding Clinics

Coming Soon

Freestanding Setting Reimbursement Fact Sheet
2008 Freestanding Clinic Prostate Treatment
Comparative Modality Model
2008 Treatment Overview & Clinical Coding Guide

Patient Access

by Debra
Mills

At Accuray Our Business Begins with Patients™, so there's no better news than a patient winning a appeal to be treated with the CyberKnife System!

In this segment we will talk about patient access and the tools we have to help our customers and patients educate their payer partners.

Why Are Some Claims Denied?

Denied claims can be a daunting problem to patients looking for medical care. Most if not all insurance companies are required to provide only service to its members that are considered reasonable, necessary and ethical. These considerations for services are maintained by the insurance company to ensure its members are receiving safe and effective care. There are a variety of ways that an insurance company can ensure quality care, one of which is the development of medical coverage policies. In the coverage policies the insurance company will tell the provider the specific guidelines to which the claim will be paid. However, if the policy does not cover a certain condition the provider and patient can appeal to the insurance company to evaluate their case outside the medical policy. Accuray's Health Policy & Payment team offers assistance to patients and providers while navigating insurance appeals. The process includes a detailed review of the medical policy and assistance with the design of an appeals letter stating the specific reason that the patient should gain coverage. This may also be followed by a telephone interview. Recently there have been several CyberKnife claims covered and paid under this process.

- Recent Patient Appeals approved include:
 - prostate coverage by Blue Shield of California at Stanford
 - gall bladder coverage by Blue Shield of California at UCSF
 - prostate coverage by Cigna at Winthrop
 - prostate coverage by Aetna at Winthrop
 - Ewing's sarcoma (for out-of-network treatment) by PacifiCare/United Healthcare (due to family efforts, organized

pickets of the insurer's office, and negative media coverage)

Medicare Minute

by Dirk
Sutherland

This segment details reimbursement and coverage issues relating to The Centers for Medicare & Medicaid Services (CMS).

What is Medicaid?

I get this question from time to time so when I saw CMS created an article titled the [Medicare-Medicaid Relationship](#) I had to have it (I know scary). I'll give you the highlights here. You can click on the link in this paragraph to get your own personal copy.

Medicaid is the largest source of funding for medical and health-related services for America's poorest people.

Within broad national guidelines established by Federal statutes, regulations, and policies, each State:

- Establishes its own eligibility standards;
- Determines the type, amount, duration, and scope of services;
- Sets the rate of payment for services; and
- Administers its own program.

The key here for the CyberKnife System reimbursement is the words "each State". Each state sets rules and rates specific to the procedures they cover and the rates they pay for those procedures. Variation can include rates slightly higher or lower than Medicare or no coverage at all. As with all insurance it's important the provider checks with their state Medicaid program to identify their coverage specifics.

The Policy Place

by Susan
Thompson

This section will discuss policy issues and include monthly updates on the CMS MAC transition. What is a MAC? Let's find out.

A/B MACs

As required by the Medicare Modernization Act (MMA) of 2003, Medicare is undergoing Contractor Reform. Under the old system, fiscal intermediaries processed claims for Medicare Part A providers, such as hospitals, skilled nursing facilities, and other institutional providers and carriers processed claims for physicians, laboratories, and other practitioners under Medicare Part B. When Medicare contractor reform is fully implemented, all the fiscal intermediaries and carriers will be replaced by Medicare Administrative Contractors (**MACs**) that will be responsible for both Part A and B claims.

To date, CMS has awarded six MAC contracts.

- The first MAC contract was awarded in July 2006 to Noridian Administrative Services, for the MAC J3 Region (AZ, MT, SD, UT, WY).
- The second contract was awarded on August 3, 2007 to Trailblazer Health Enterprises for the J4 Region (CO, NM, OK, TX).
- The third contract was awarded to Wisconsin Physician Health Insurance Corp, for the J5 Region (IA, KS, MO, and NE).
- The Fourth contract was awarded to Palmetto, for J1 Region (CA, NV, HI).
- The fifth contract was awarded to Highmark, for J12 Region (DE, DC, MD, NJ, PA).
- The last contract awarded to date went to National Government Services (NGS), for J13 Region (CT, NY)

Palmetto and Highmark were contested by the legacy carriers. Last month, these carriers lost their lawsuits and CMS awarded the winning bidders, Palmetto for J1 and Highmark for J12.

Why is this important to us? These incoming MACs will begin policy (LCD) consolidation across their new territories. Highmark just announced that they will begin this policy consolidation work and will post a list a list of draft Local Coverage Determinations for MAC Region J12 on their Website on Tuesday, April 1st.

Health Policy & Payment facilitated a meeting with the Trailblazer Carrier Medical Director (CMD) and staff March 14th. Multiple physicians associated with CyberKnife centers in the Trailblazer region presented clinical and reimbursement information to the CMD in support of issues relating to Stereotactic Radiosurgery. Paul Rudolph, a past Trailblazer CMD, now associated with a Washington D.C. consultant firm employed by Accuray presented on behalf of Stereotactic Radiosurgery.

The physicians attending the meeting felt it was constructive and the Trailblazer CMD was genuinely interested in physician input as the A/B MAC transition is completed. The meeting was the first step, resulting in multiple action items relating to information requested by the CMD.

For a complete explanation of MAC policy consolidation requirements for Cycle 1, Round 1 please refer to pages 18-20 of the CMS Statement of Work (Solicitation dated 9/28/06)

<http://www.fbo.gov/spg/HHS/HCFA/AGG/RFP-CMS-2006-0033/listing.html>

Watch for the next issue of the Cutting Edge for further updates on the A/B MAC transition.

Your Health Policy & Payment Team

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Thanks for your
time!

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