

The Cutting Edge

Accuray's Health Policy & Payment Newsletter

May 2008

We listen to your feedback, keep it coming!

Thanks for your reviews and suggestions regarding the April edition of The Cutting Edge. We received many positive responses including some suggestions on future topics.

Are there other topics you have questions about? Please let us know by mailing your ideas and suggestions to:

ReimbursementService@Accuray.com

Coding Corner

by Deb Mills

Simulations: Defining Complexity

Simulation is a clinical process utilized to establish the radiation therapy treatment portals to the specified treatment volume as determined by the treatment planning. When reporting simulations for reimbursement it is necessary to determine the complexity of the service. The AMA CPT definitions of simulations are as follows:

Definitions

Simple (CPT code 77280) simulation of a single treatment area with either a single port or parallel opposed ports. Simple or no blocking.

Intermediate (CPT code 77285) simulation of three or more converging ports, two separate treatment areas, multiple blocks.

Complex (CPT code 77290) simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocking, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast materials.

Three-dimensional (CPT code 77295) computer-generated three dimensional reconstruction of tumor volume and surrounding critical normal tissue structures from direct CT scans and/or MRI data in preparation for non-coplanar or coplanar therapy. The simulation utilizes documented three-dimensional beam's

eye view volume-dose displays of multiple or moving beams. Documentation with three-dimensional volume reconstruction and dose distribution is required.

When interviewing the CyberKnife® centers all agree that the initial simulation, used for treatment planning should be reported using 77295. However, there is no consensus on the correct level to report subsequent simulations prior to each fraction. The bottom-line, the complexity of the simulation is driven by the documentation in the medical record. Simulations are similar to treatment planning in terms of complexity of setup. The more complicated the setup, the longer the time required then the higher the level of complexity.

CPT only 2007© of the American Medical Association

General Updates

by Dirk
Sutherland

Reimbursement Webcasts

As stated in last months issue, Accuray will offer 2008 reimbursement webcasts June 26 and July 24 at 11:00 AM Pacific Time Zone

Accuray employees and customers will have to register for the webcast to join. After registration a webcast link will be sent to the email address entered during registration. This process takes a little longer than what you are use to, so don't wait to the last minute to register and receive your link. You can register any timer between now and June 26th for the next meeting. The registration information is below. Feel free to copy, paste and forward this registration information to others planning on attending the June 26th meeting.

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Hello ,

Dirk Sutherland invites you to attend this online meeting.

Topic: Accuray 2008 Reimbursement Webcast
Date: Thursday, June 26, 2008
Time: 11:00 am, Pacific Daylight Time (GMT -07:00, San Francisco)

To register for this meeting

- 1. Go to <https://accuray.webex.com/accuray/j.php?ED=99284227&RG=1>
2. Register for the meeting.

Once the host approves your request, you will receive a confirmation email with instructions for joining the meeting.

For assistance

1. Go to <https://accuray.webex.com/accuray/mc>
2. Click "Assistance".
3. Click "Support".

You can contact me at:
dsutherland@accuray.com

The CyberKnife® Coalition

by Wendy
Wifler

The CyberKnife Coalition Continues to Grow

The CyberKnife Coalition is excited to provide this membership update on 12 new members so far in 2009.

1 new corporate member: Accelitech

and

11 new institutional members:

Coastal CyberKnife and Radiation Oncology
CyberKnife Associates of Hawaii
CyberKnife Associates of Louisville
CyberKnife Center at Stamford Hospital, Stamford
CyberKnife Center at the Hospital of Saint Raphael
CyberKnife Center of Louisiana
CyberKnife Center of Tampa Bay
Frederick Maryland
Philadelphia CyberKnife, LLC
Salt Lake CyberKnife, LLC
Sinai CyberKnife

That's now a total of 48 institutional members, representing 56% of the 87 installed CyberKnife sites in the U.S. and growth of 32% since before the Users' Meeting. There are four corporate members: Accuray, Accelitech, Architection and PPB.

Collateral Collection

by Dirk
Sutherland

May Update

No new reimbursement support materials to report this month.

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

Everybody Loves to Win

One of the most rewarding things that the members of the Health Policy and Payment team is involved in, is helping patients. We directly assist patients in navigating the complicated and frustrating third party payer appeal process. Patients call us, to gain an understanding and to collect the necessary materials for the appeal. Unfortunately, many times the patient is emotionally distraught and feel like that someone that they don't even know is denying them care and wasting something that our patients don't have, time. Recently, a patient in Illinois was denied care by Empire Blue Cross and Blue Shield (BCBS) of New York for lung cancer. In the past, Empire BCBS has denied care for lung cancer by the CyberKnife deeming the treatment as investigational. We were just notified by the patient that on appeal, Empire BCBS has approved the treatment and she will soon begin the course of therapy. Stories like this are becoming more common and confirming that patients can win and that our business "really" begins with patients.

Medicare Minute

by Wendy
Wifler

Potential July 1st 2008 Physician Fee Schedule Changes

You may recall early in 2008 congress voted to delay the proposed 10% reduction in the overall Medicare Physician Fee Schedule (PFS) and instead increase the PFS by 0.5%. This increase is set to expire June 30th 2008. Congress is currently deciding what they will do beginning July 1st, 2008. Your Health Policy & Payment team has a communication plan in place. Once released we will notify you immediately. We will then review the changes (if any) and send you a summary of the changes and their impact (if any) on Stereotactic Radiosurgery reimbursement.

Medicare 2009 Proposed Rules

As we know from past years, the proposed Physician Fee Schedule (PFS) and Outpatient Prospective Payment System (OPPS) rules for CY09 will be released late next month or in July. Further discussion of the Stark regulations may be included.

The process is the same each year, proposed rule, comment period, final rule, implementation (usually January 1st). In anticipation of the 2009 rule cycle, we are preparing our internal and external resources, including health law experts, to insure quick and accurate interpretation and communication of the proposed rules and, if needed, comment templates.

Please direct any questions to Dirk Sutherland.

The Policy Place

Medicare & Commercial Payer Updates

Regional Medicare Carriers

Wisconsin Physicians Services (Part B Carrier in IL, MI, MN, WI and A/B MAC in IA, MO, NE, and KS)

- In December WPS published a draft SBRT coverage policy for the states of IL, MI, MN, and WI
- As of May 1, 2008 the final Part B policy has not yet been released
- Final MAC SRS/SBRT policies in IA, MO, NE, and KS went into effect on February 1st
- MAC SBRT policy covers CyberKnife for the treatment of lung, liver, kidney, adrenal gland, or pancreas neoplasms and will consider lesions of bone, adrenal, prostate, breast, uterus, ovary and other internal organs in the setting of recurrence after conventional radiation modalities

Trailblazer Health Enterprises - Part B Carrier Virginia, A/B MAC Region J4

- Comment period for SRS and SBRT policies in Virginia ended on April 7th
- Virginia Part B policies will not be effective for several months. Until the final policies are implemented, coverage in Virginia should remain unchanged.
- In the Trailblazer J4 region, (CO, NM, OK, TX) these policies will go into effect on staggered timeline running from March 1st - June 13th for the various states.

Palmetto GBA - A/B MAC Region J1 (CA, NV, HI)

- Palmetto recently announced the two Carrier Medical Directors (CMD) that will oversee MAC implementation and policy consolidation in the J1 Region. CMDs are Arthur Lurvey, located in California and Dr. Harry Feliciano, who is out of the Palmetto headquarters in South Carolina.
- Palmetto will determine and announce to California its policies on June 16, 2008 for implementation on September 2, 2008
- CMS requires Palmetto to select initial policies that are "least" restrictive, including no policy

HGSA - MAC Region J12 (PA, DE, D.C., MD, NJ)

- On April 1st HGSA posted 57 draft policies on which they are allowing comments from providers through May 15th.
- There were no SRS or SBRT LCDs posted

National Government Services - A/B MAC J13 (NY, CT)

- On March 18, 2008 CMS announced it had awarded the MAC contract for J13 to NGS
- On a May 1st open LCD conference call, the CMD provided the following information:
 - J13 consolidation will be completed by the end of September
 - Policies will be posted on Website in a mid May in notice period.
 - Empire Part B policies are mainly the policies that are being considered
 - At this moment NGS is on a course for least restrictive criteria

for policy consolidation

NHIC - - A/B MAC J2 (AK, ID, OR, WA)

- On March 6, 2008 CMS announced it had awarded the MAC contract for J2 to NHIC
 - J13 consolidation will be completed by the end of December

Commercial Payers

HP&P has supported several sites in the past month to educate commercial payers in Florida, Washington, and Connecticut. Materials available to support these efforts include:

- Comparative modality for prostate cancer
- Updated SRS literature table
- Recent peer-reviewed literature

Your Health Policy & Payment Team

Wendy Wifler - Senior Director Health Policy & Payment
Dirk Sutherland - Reimbursement Program Manager
Debra Mills - Clinical Coding Manager
Susan Thompson - Health Policy Payment Manager - USA
Jack Kennedy - Reimbursement Specialist, West Region
Olivier Menage - Health Policy Payment Manager - Europe

We like feedback! Please email your comments and suggestions for future articles to: ReimbursementService@Accuray.com

Thanks for your
time!

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