The Professional Economics Committee recently submitted written comments to the Centers for Medicare and Medicaid Services (CMS) regarding the comprehensive ambulatory payment classification (C-APC) for single session cranial stereotactic radiosurgery. CMS finalized the proposal to remove 10 planning and preparation services from the geometric mean cost calculations for C-APC 5627 Level 7 Radiation Therapy. In addition, for 2016 and 2017, CMS will separately pay for planning and preparation services adjunctive to the delivery of the SRS treatment through either modality, regardless of whether they are furnished on the same date of service as the primary SRS treatment delivery service.

The AAPM cited three concerns about this policy and requested that CMS meet with AAPM and other interested stakeholders in 2016 to discuss the goals of this C-APC process and develop recommendations as to how those goals could realistically be achieved.

1) Use of IMRT planning (CPT 77301) has become more common in single fraction radiosurgery treatment planning, so the AAPM feels that its omission from the list of planning and preparation codes subject to separate payment in 2016 and 2017 was inappropriate.

2) Single fraction stereotactic radiosurgery is occasionally delivered concurrently with another course of radiation therapy. The AAPM is concerned that treatment sites other than the radiosurgery site will thus appear on some claims and that this will result in incorrect payments and poor data for use in future rulemaking.

3) The AAPM is concerned that the existence of a variety of claim durations and claim processes will lead to incorrect coding. The “CP” modifier will create an added administrative burden and be difficult to correctly code for those hospitals that lack direct knowledge of which codes are ancillary to which. We believe that this policy will result in poor quality data.

The AAPM comment letter is available on the website at: http://www.aapm.org/government_affairs/CMS/