CMS Cuts Proposed Stereotactic Radiosurgery Reimbursement By Nearly $3,000

CMS recently lowered by nearly $3,000 proposed 2014 reimbursement for both Cobalt-60 and linear accelerator-based stereotactic radiosurgery (SRS) treatment, according to an updated file to the hospital outpatient prospective payment system (HOPPS) proposed rule posted on the CMS website.

For the 2014 HOPPS, CMS proposed to recognize the CPT codes for stereotactic radiosurgery (CPT 77371, 77372, and 77373) while no longer recognizing the G-codes that had previously been used to identify certain SRS services (HCPCS G0173, G0251, G0339, and G0340). However, following the established and proposed methodologies, in developing the estimated costs on which the proposed 2014 HOPPS payment rates were based, CMS neglected to include the data from those G-codes in calculating the proposed geometric mean costs of the SRS APCs. In the CMS correcting document, the Agency included the claims data from those G-codes in calculating the proposed APC relative payment weights for the proposed SRS APCs 0066 (Level I Stereotactic Radiosurgery) and 0067 (Level II Stereotactic Radiosurgery). This resulted in a significant payment decrease for Cobalt-60 SRS (i.e. Gamma Knife) from 2012 HOPPS reimbursement.

Reimbursement for the two SRS procedures has been on a roller coaster since the beginning of the year. Section 634 of the American Taxpayer Relief Act reduced Cobalt-60 SRS reimbursement from $7,911 to that of the LINAC-based SRS at $3,301 effective April 1st. In July, under the HOPPS proposed rule, CMS proposed to keep the two procedures at the same reimbursement rate but increased their payment to $8,576. However, that was a data error, according to CMS. In the recently published CMS Correction Notice, the new proposed price for both procedures is $5,615 for a single treatment effective January 1, 2014.