Part B Insider (Multispecialty) Coding Alert

Legislation: Neurosurgeons Gain Victory In Senate Committee

But language won't have any reimbursement impact, say oncologists

Neurosurgeons who feel as though radiologists are improperly billing for stereotactic neurosurgery recently scored an important point on Capitol Hill.

The **Centers for Medicare & Medicaid Services** should move cobalt 60 stereotactic neurosurgery from the radiation therapy section to the neurosurgery section of the Ambulatory Procedure Classification system for outpatient procedures, Senators insisted. The language in the Senate Committee Report accompanying S. 2810, the appropriations bill for the Labor, HHS and Education departments, calls on CMS to remedy reimbursement problems by reinstating one neurosurgery code for cobalt 60 SNS.

Neurosurgeons usually perform stereotactic neurosurgery in collaboration with radiation oncologists, according to **Douglas Kondziolka**, a neurosurgeon and past president of the **American Society for Stereotactic and Functional Neurosurgery**. Usually, the neurologist performs more than 50 percent of the work and both physicians bill separately for their professional component.

But some unscrupulous radiation oncologists are claiming to perform stereotactic neurosurgery when in fact they're simply performing radiation therapy, claims Kondziolka. They're performing the procedures either alone or with minimal input from a neurosurgeon. Also, instead of a single fragment of radiation in one session, they're providing three or five fragments over multiple sessions, which doesn't meet the definition of a stereotactic procedure.

The classification of cobalt 60 stereotactic neurosurgery as a radiation therapy encourages these physicians to "bastardize the definition" of the procedure, adds Kondziolka, who teaches neurological surgery at the **University of Pittsburgh School of Medicine**.

The **American Society for Therapeutic Radiation Oncology** contends that this change is meaningless and carries no reimbursement significance, according to radiation oncologist **Michael Steinberg**. "We don't see that it will materially affect anything," he adds. "We don't know why this is so important to them."

Separately, the Senate committee also expressed concern that fewer than a third of eligible Medicare beneficiaries are receiving diabetes self-management training.