

June 27, 2018



SAVING LIVES AND ADVANCING  
RESEARCH BY EMPOWERING  
THOSE LIVING WITH AND  
AT RISK FOR LUNG CANCER.

LungCancerAlliance.org

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Washington, DC 20006

Richard W. Whitten, MD, MBA, FACP  
Contractor Medical Director  
Vice President Health Policy  
Noridian Healthcare Solutions  
900 42<sup>nd</sup> Street S.  
Fargo, ND 58103

Re: [Robotic Radiosurgery Fee Revisions - Effective July 1, 2018 \(G0339 & G0340\)](#)

Dear Dr. Whitten:

Lung Cancer Alliance (LCA) appreciates the opportunity to provide comments to Noridian Healthcare Solutions on its recent website post regarding drastic cuts in reimbursement to the robotic stereotactic radiosurgery/radiotherapy (R-SRS/R-SBRT) in California and Nevada, effective July 1, 2018. LCA is a patient advocacy group supporting patients, survivors, caregivers, professionals, and the lung cancer community. We strongly urge Noridian to delay and/or redact its "[Robotic Radiosurgery Fee Revisions](#)", as there are unintended consequences impacting lung cancer patients and their ability to access care (CyberKnife SRS/SBRT) that should be considered before implementing these significant robotic radiosurgery cuts in reimbursement.

Noridian may be unaware of the severe impact this will have on lung cancer patients access to care especially in areas in Nevada and California. With these Noridian cuts in reimbursement as extreme as 69% to CyberKnife facilities and the limited number of sites that offer this procedure, the lung cancer community has significant concerns. For example, the center in Las Vegas is the ONLY CyberKnife facility in the area. There are only two in the state of Nevada, and the next closest one in the state is 440 miles (7-hour drive) away. The number one disease the Las Vegas CyberKnife facility treats is lung cancer. These patients with lung cancer have a less than 5-year survival rate, and CyberKnife SRS/SBRT treatments are essential.

Lung cancer is the leading cause of cancer for both men and women. More than 156,000 patients die from lung cancer each year in the United States, a figure that is greater than the mortality rates of breast, prostate, and colon cancer combined. Lung cancer is the leading cause of cancer death in every racial and ethnic subgroup, and is the leading cancer killer of women, taking more lives than breast and every gynecological cancer combined.

CyberKnife is a specialized type of radiation therapy (fully robotic delivering angled and precise beams of radiation in many different directions) used to treat early stage, inoperable non-small cell lung cancer. NSCLC makes up about 85% of lung cancer diagnoses. CyberKnife offers lung cancer patients an alternative treatment who cannot undergo surgery due to their poor medical condition and overall health, or those seeking a less invasive technique due to preference, etc. Due to lung movement with breathing, conventional radiation therapy for lung cancer can be problematic and deliver large doses of radiation to healthy tissue and organs. However, with CyberKnife (The Synchrony Respiratory Management System) this problem is eliminated by having the ability to track the lung movement of the tumor throughout the radiation treatment and deliver maximum targeted radiation. CyberKnife requires

no overnight stays and is generally performed outpatient in one to five days. It affords most patients with a quick recovery time with minimal to no side effects.

We recommend that Noridian and its Medical Directors work closely with the patient advocacy groups, professional societies, and the Radiation Oncology Carrier Advisory Committee Network before implementing these types of major changes in reimbursement that will have direct patient access issues.

We urge Noridian to utilize a more transparent process, as most patients and providers will not know to look on the Noridian website buried under many pages ([JF Part B/Fees & News /Latest Updates/Article Detail](#)) for SRS/SBRT CyberKnife fee revisions impacting access to care. A significant fee revision like this is considered restrictive and should be made more transparent through the [draft Local Coverage Determination \(LCD\)](#) process and CAC input. Although there are no code specific changes occurring to the Noridian SRS/SBRT LCD, patients and providers would be none the wiser until they are handed the bill or until such time a facility closes or sick patients are turned away and have to drive seven hours away to a site that offers CyberKnife. Using the same coding scheme but swapping the fee/reimbursement amount we believe is “restrictive” and others may consider a form of a shell game.

We again urge Noridian to delay and/or redact implementation of their July 1, 2018 Fee Revision to SRS/SBRT codes G0339 and G0340 and consider comments and meetings with patient advocacy groups, professional societies, and the CAC network. Thank you for this opportunity to provide feedback. If you have any questions, please contact Anita McGlothlin at [amcglathlin@lungcanceralliance.org](mailto:amcglathlin@lungcanceralliance.org) or 202-742-1894.

Sincerely,



Laurie Fenton Ambrose  
President & CEO  
Lung Cancer Alliance

cc: Paul Wilson  
President & CEO  
Noridian Healthcare Solutions