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November 9, 2019

Ms. Virginia Muir
ATTN: Draft LCD Comments
PO Box 7108
Indianapolis, IN 46207-7108

Submitted electronically via PartBLCDComments@anthem.com

**SUBJECT: Comments on Proposed LCD DL 35076 Stereotactic Radiation Therapy:
Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy
(SBRT)**

Dear Ms. Muir:

On behalf of the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), we appreciate the opportunity to provide our comments on the National Government Services, Inc. (NGS) Local Coverage Determination (LCD) DL 35076 Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT).

Support for Additional Indication for SRS

The AANS and the CNS support the proposed change to the LCD DL 35076 to add “choroidal and other ocular melanomas” to the list of covered indications for SRS. The literature cited in the draft LCD is excellent, and clearly demonstrates the efficacy and safety of SRS for this indication, for appropriately selected patients.

Coding and Reimbursement for SRS

Neurosurgeons are the leaders in SRS care, and the AANS and the CNS have worked with policymakers for many years to help ensure that neurosurgical patients have access to this important treatment when clinically indicated. Below are the appropriate CPT codes used by neurosurgeons when performing SRS.

CPT Code	Description
61800	Application of stereotactic headframe for stereotactic radiosurgery
61796	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); 1 simple cranial lesion
61797	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); each additional cranial lesion, simple
61798	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); one complex cranial lesion

CPT Code	Description
61799	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); each additional cranial lesion, complex
63620	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); one spinal lesion
63621	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); each additional spinal lesion

We thank you for the opportunity to present our views and are happy to answer any questions that your team may have about the use of SRS by neurosurgeons for the expanded indication of choroidal and other ocular melanomas. To that end, we would be glad to arrange a conference call with our neurosurgeon tumor experts and your staff. Catherine Hill in our office can help to make arrangements. Her contact information is below.

Sincerely,



Christopher I. Shaffrey, MD, President
American Association of Neurological Surgeons



Steven N. Kalkanis, MD, President
Congress of Neurological Surgeons

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