



**AMERICAN SOCIETY
FOR RADIATION ONCOLOGY**

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Audits and Vulnerabilities Group
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7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Villanyi,

We, the undersigned, are writing in support of recent comments submitted by The American Society for Radiation Oncology (ASTRO) urging code edits to prevent the use of image guidance in conjunction with Superficial Radiation Therapy (SRT). We are concerned by the rapid growth in inappropriate billing of image guidance with superficial radiation therapy, and we agree with consensus clinical guidelines that make clear that image guidance is not necessary for these patients.

Current NCCI Edits apply a Correct Code Modifier Indicator (CCMI) of 1 to the use of image guidance codes (CPT Codes 77014, G6001, G6002, and G6017) in combination with SRT (CPT Code 77401), meaning that the edit can be bypassed under certain circumstances. We urge CMS to accept ASTRO's recommendation to implement a CCMI of 0 to not allow these code pairs to be billed together. SRT is an effective, non-invasive treatment for basal and squamous cell skin carcinomas. It is applicable to early-stage skin cancers with an external target that is visible and palpable, thus there is no need for an ultrasound to see the cancer. SRT technology is also limited to a shallow depth of penetration, therefore patients with thick cancers would be ineligible for this type of therapy.

The "imaging" used by some superficial radiation machines is not capable of detecting whether a tumor has shrunk during treatment. Even if it was able to detect a change in the depth of the tumor, no responsible treating physician would alter the treatment depth and risk not covering the entire treatment area with a sufficient dose of radiation, nor do the physical properties of the superficial radiation beams allow for such small depth alterations.

Image guidance provides significant clinical benefit to radiation treatments for tumors *inside the body*. The process of care for true image guidance is very different than the mis-named "ultrasound image guidance" available in the marketplace for SRT. Image guidance, and the Current Procedure Terminology (CPT) codes used to describe the work involved, describe the process of when a

radiation target is known to move with respect to landmarks *inside the body*. Image guidance is indicated when very precise localization of the radiation target in three dimensions is necessary to avoid other healthy internal organs and structures and when the imaging technology can identify tumor movement, position, or organ motion. **Superficial treatment of skin cancers does not meet these requirements.** Therefore, image guidance is never warranted and should never be used or billed with superficial radiation therapy. Further, the image guidance process requires a mathematical linkage between the imaging system and the radiation delivery system, a feature that does not exist in the ultrasound systems used for the vendor-specific technique.

A collaborative [skin cancer clinical practice guideline](#) between ASTRO, the American Society for Clinical Oncology, and the Society of Surgical Oncology notes that image guidance “is neither necessary nor useful” when treating skin cancer with radiation therapies. The guideline “emphasizes the importance of regular and frequent *visual* confirmation of the surface coverage by the treating radiation oncologist.” In other words, there is no need for image guidance because the treating physician can clearly see the area being treated with their own eyes, and the systems that purport to provide this “image guidance” do not actually do so.

Given the clear lack of clinical benefit, we are alarmed at the growing use of “image guided” superficial radiation therapy, which already exceeds \$20 million per year in Medicare spending, according to an ASTRO analysis. We urge CMS to reconsider the edits that allow the use of image guidance with SRT.

Thank you for the opportunity to comment on these proposed edits. We look forward to continued dialogue with CMS officials.

Sincerely,

A handwritten signature in black ink that reads "Laura Thevenot". The signature is written in a cursive, flowing style.

Laura I. Thevenot
Chief Executive Officer