ASTRO
TARGETING CANCER CARE

251 18th St. South, 8th Floor
Arlington, VA 22202

Main: 703.502.1550 · Fax: 703.502.7852
www.astro.org · www.rtanswers.org

2021 Medicare Physician Fee Schedule

Proposed Rule Summary

On Monday, August 3, 2020, the Centers for Medicare & Medicaid Services (CMS) issued the 2021 Medicare Physician Fee Schedule (MPFS) proposed rule, which estimates a 6 percent cut to radiation oncology services for 2021. The proposed rule updates the payment policies, payment rates, and quality provisions for services furnished under the MPFS effective January 1, 2021. Comments are due to CMS no later than 5 p.m. on October 5, 2020.

The MPFS pays for services furnished by physicians and other practitioners in all sites of service. These services include visits, surgical procedures, diagnostic tests, therapy services, specified preventative services and more. Payments are based on the relative resources typically used to furnish the service. Relative value units (RVUs) are applied to each service for physician work, practice expense and malpractice. These RVUs become payment rates through the application of a Conversion Factor, which is updated annually.

MPFS Impact Table

The MPFS Impact Table shows the estimated impact on total allowed charges by specialty of all the RVU changes. CMS is proposing significant cuts to radiation oncology services for 2021. According to Table 90 below, the impact on radiation oncology is a combined reduction of 6 percent. These reductions are specifically related to modifications in the Evaluation and Management (E/M) codes, as well as a reduction in the Conversion Factor to ensure budget neutrality to account for the shift in payment across all medical specialties due to the E/M modifications.

Overall, those specialties that bill higher level established patient visits, such as hematology/oncology or family practice, will see the greatest positive impact, as those codes were revalued at higher rates relative to the rest of the office/outpatient E/M code set. Those specialties that see the greatest negative impact, such as radiology and radiation oncology, typically do not bill significant amounts of office/outpatient E/M visits. ASTRO is concerned that these E/M-driven payment cuts, in addition to significant revenue loss due to the COVID-19 public health emergency (PHE), represents a serious threat to the specialty. ASTRO is actively working with other specialty societies to address the adverse financial impact of the E/M modifications and the Conversion Factor adjustment on radiation oncology services. It is likely that Congress will need to act legislatively to address these cuts.

Table 90: CY 2021 PFS Estimated Impact on Total Allowed Charges by Specialty

Specialty	Allowed Charges (mil)	Impact of Work RVU Changes	Impact of PE RVU Changes	Impact of MP RVU Changes	Combined Impact
Radiation Oncology and Radiation Therapy Centers	$1,803	-3%	-3%	0%	-6%
Total	$96,557	0%	0%	0%	0%

Conversion Factor/Target

The 2021 MPFS Conversion Factor, based on the proposed 2021 rates, is set at $32.26. This represents a decrease of $3.83 or more than 10 percent from the 2020 MPFS Conversion Factor rate update of $36.09. This 10 percent decline results from a statutorily mandated budget neutrality adjustment to account for changes in work RVUs. As previously mentioned, the change in work RVUs is driven largely by updates to E/M services that were finalized in the 2020 PFS Final Rule and effective January 1, 2021.

Medicare Physician Conversion Factor (2016–2020)		
Year	CF	Update (%)
2017	$35.89	0.24%
2018	$36.00	0.31%
2019	$36.04	0.11%
2020	$36.09	0.14%
2021	$32.26	-10.61%

The table below demonstrates the impact of the Conversion Factor reduction on key radiation oncology services. Note that CMS proposed RVU increases for several key radiation oncology codes; however, the Conversion Factor reduction largely offset those increases:

CPT Code	MOD/SOS	CPT Descriptor	2020 National Rate	2021 Estimated National Rate	2021 Impact
77014	26	Ct scan for therapy guide	$46.20	$40.97	-11%
77300	26	Radiation therapy dose plan	$33.56	$30.00	-11%
77301	26	Radiotherapy dose plan imrt	$432.72	$387.12	-11%
77334	26	Radiation treatment aid(s)	$62.80	$55.49	-12%
77014		Ct scan for therapy guide	$124.51	$117.75	-5%
77263		Radiation therapy planning	$174.31	$156.14	-10%
77290		Set radiation therapy field	$508.15	$472.93	-7%
77300		Radiation therapy dose plan	$67.85	$62.58	-8%
77301		Radiotherapy dose plan imrt	$1,949.22	$1,819.46	-7%
77336		Radiation physics consult	$81.20	$78.71	-3%
77338		Design mlc device for imrt	$497.32	$448.09	-10%
77373		Sbrt delivery	$1,230.67	$1,110.39	-10%
77427		Radiation tx management x5	$196.33	$175.82	-10%
99205	NF	Office/outpatient visit new	$211.13	$210.66	0%
G6002		Stereoscopic x-ray guidance	$76.51	$72.26	-6%
G6012		Radiation treatment delivery	$262.74	$251.31	-4%
G6013		Radiation treatment delivery	$263.10	$251.95	-4%
G6015		Radiation tx delivery imrt	$369.92	$365.83	-1%

2021 Office/Outpatient Evaluation and Management (E/M) Visits

In the 2020 MPFS Final Rule, CMS finalized modifications to the E/M codes, including creating five levels of coding for established patients, reducing the number of levels to four for new patients, and revising the code definitions. The finalized changes allow clinicians to choose the E/M visit level based on either medical decision-making or time and require the collection of

medical history and exam **only** when medically appropriate. CMS also adopted the AMA's RUC-recommended payment rates and finalized payments based on each code descriptor to pay for each level of service, rather than utilizing a "blended rate" for E/M code levels 2 through 4 that was finalized in the 2019 MPFS Final Rule.

HCPCS code GPC1X

In the 2020 MPFS final rule, CMS finalized HCPCS code GPC1X to be implemented January 1, 2021 to better describe the work associated with visits that are part of ongoing, comprehensive primary care and/or visits that are part of ongoing care related to a patient's single, serious, or complex chronic condition.

CMS is moving forward with the implementation of HCPCS code GPCIX, despite concerns from medical specialty societies regarding the lack of clarity on the use of the code. CMS is soliciting public comments on additional, more specific information regarding what aspects of the definition of HCPCS add-on code GPC1X are unclear, how the Agency might address those concerns, and refine the utilization assumptions for the code.

Prolonged Office/Outpatient E/M Visits (CPT code 99XXX)

CMS is proposing the application of CPT Code 99XXX in combination with either 99205 or 99215 (Level 5 – Office E/M Visit or Outpatient E/M Visit) when the actual time of the reporting physician or Non-Physician Provider (NPP) exceeds the maximum allotted time by at least 15 minutes on the date of service. The allotted time for 99205 is 85 minutes and the allotted time for 99915 is 70 minutes; therefore, the Prolonged Office/Outpatient E/M Visit code could be used for visits that exceed those allotted time by 15 minutes.

The chart below depicts the new E/M Code set that is effective January 1, 2021:

TABLE 16: Summary of Codes and Work RVUs Finalized in the CY 2020 PFS Final Rule for CY 2021

HCPCS Code	Current Total Time (mins)	Current Work RVU	CY 2021 Total Time (mins)	CY 2021 Work RVU
99201	17	0.48	N/A	N/A
99202	22	0.93	22	0.93
99203	29	1.42	40	1.6
99204	45	2.43	60	2.6
99205	67	3.17	85	3.5
99211	7	0.18	7	0.18
99212	16	0.48	18	0.7
99213	23	0.97	30	1.3
99214	40	1.5	49	1.92
99215	55	2.11	70	2.8
99XXX	N/A	N/A	15	0.61
GPC1X	N/A	N/A	11	0.33

ASTRO expects radiation oncologists to be able to bill GPC1X and 99XXX given the complexity of most radiation oncology patients.

Proton Beam Treatment Delivery (CPT codes 77520, 77522, 77523, and 77525)

In April 2018, the AMA RUC's Relativity Assessment Workgroup (RAW) identified CPT code 77522 (Proton treatment delivery; simple, with compensation) and CPT code 77523 (Proton treatment delivery; intermediate) as contractor-priced Category I CPT codes with 2017 estimated Medicare utilization of over 10,000 services. Although the RAW agreed with ASTRO that this family of codes should remain contractor priced, the RUC determined that these services should be surveyed to assess practice expense (PE). CPT codes 77520 (Proton treatment delivery; simple, without compensation) and 77525 (Proton treatment delivery; complex) were added to the code family and the group was surveyed for PE for the April 2019 RUC meeting where the PE subcommittee approved ASTRO's recommended direct PE inputs without refinement.

In the 2021 MPFS proposed rule, CMS reported that it encountered significant difficulties in reviewing the recommended direct PE inputs for the codes in the Proton Beam Treatment Delivery family. These difficulties were largely associated with determining a price for the two new equipment items in the code family, the "Proton Treatment Vault" (ER115) and the "Proton Treatment Delivery System" (ER116). These equipment items had extraordinarily high prices of $19,001,914 and $30,400,000, respectively, on the invoices submitted with the code family. By way of comparison, the highest equipment price in the CMS database for 2021 is the "SRS system, Linac" (ER082) equipment item, valued at $4,233,825. CMS expressed concern that establishing equipment pricing for the proton treatment vault and delivery system at a rate that is so much higher than anything else in the equipment database could distort relativity within the fee schedule.

As a result, CMS is proposing to maintain contractor pricing for CPT codes 77520, 77522, 77523, and 77525, instead of proposing active pricing for these services. CMS asserts that maintaining contractor pricing will allow proton therapy providers to adapt more quickly to shifts in the market-based costs associated with the proton treatment equipment. Additionally, the Agency believes that these frequent changes can be more accurately captured through contractor pricing, as opposed to the need to update the pricing of the proton treatment equipment on an annual basis.

Radiation Treatment Delivery (CPT code 77401)

CPT code 77401 (Radiation treatment delivery, superficial and/or ortho voltage, per day) was identified by the RUC RAW through a screen of high-volume growth, for services with 2017 Medicare utilization of 10,000 or more that has increased by at least 100 percent from 2012 through 2017. In January 2019, the RUC recommended referring this service to the CPT Editorial Panel to better define the set of services associated with delivery of superficial radiation therapy (SRT).

CMS is proposing the following direct PE refinements: a reduction of 2 minutes for the clinical labor task CA024: "Clean room/equipment by clinical staff," to the standard 3 minutes, and CMS is proposing to exclude new equipment item ER119 "Lead Room." According to the 2021 MPFS

proposed rule, the Agency does not have enough information on what this equipment item contains, and the Agency is requesting more information to allow it to determine if this equipment item is more accurately priced as direct or indirect PE. CPT code 77401 is a PE only code and CMS is proposing to maintain the current work RVU of 0.00.

Medical Physics Dose Evaluation (CPT code 7615X)

CMS is proposing the RUC-recommended direct PE inputs for CPT code 7615X without refinement. The CPT Editorial Panel created CPT code 7615X (Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report), which is a new PE only code. CPT code 7615X describes the medical physics dose calculation that exceeds institutional review when an exposure threshold is met. A multispecialty group conducted a PE-only survey, which included several experts familiar with the service to evaluate the survey results. The consensus panel then developed direct PE recommendations and presented them to the RUC PE subcommittee. This code was developed through a PE only survey by specialty societies due to the high amount of clinical staff time associated with the service and the fact that there are no analogous comparable services. Additionally, the Editorial Panel stated that the service is stand-alone, meaning that the medical physicist works independently from a physician and there are no elements of the PE that are informed by time that would benefit from a physician work survey. This code is primarily intended for use in a non-facility setting.

Direct PE Inputs for Supply and Equipment Pricing – Year Three of Four-Year Phase-In

In the 2019 MPFS final rule, CMS worked with market-research company StrategyGen to conduct an in-depth and robust market research study to update the PFS direct PE inputs (DPEI) for supply and equipment pricing. CMS update the Direct Practice Expense (PE) inputs for the pricing for over 2,000 supply and equipment items (1,300 supplies and 750 equipment items), including key equipment items related to radiation oncology. To address significant changes in payment, CMS phased in the new direct PE inputs over a four-year period. ASTRO opposed these proposed changes and helped to mitigate some of the initially proposed reductions.

CY 2021 is the third year of the transition, which means that PE input pricing for the affected items in 2021 will be based on 75 percent of the new pricing and 25 percent of the old pricing. It remains important to monitor how the updated pricing impacts proposed payment. The following table details those radiation oncology equipment items that were proposed to experience the greatest decline in reimbursement in CY 2021 because of this policy.

	2019 Price	2020 Price	2021 Proposed Price
ED033 Treatment Planning System, IMRT (Corvus w-Peregrine 3D Monte Carlo)	$312,221	$273,896	$235,572
ER003 HDR Afterload System, Nucletron - Oldelft	$314,394	$253,787	$193,181
ER083 SRS System, SBRT, Six Systems, Average	$3,743,430	$3,486,861	$3,230,291

As anticipated, the continuation of the modification to the prices for specific supplies and equipment has a negative impact on the PE RVUs for several radiation oncology services. According to the proposed MPFS, CMS will consider invoices submitted along with public comments during the comment period to request updates to pricing.

Telehealth and Other Services Involving Communications Technology

In the 2021 MPFS proposed rule, CMS is proposing several changes to the Medicare telehealth services list. One of the key changes implemented through COVID-19 waivers established in interim final rules issued during the PHE were expanded flexibilities for telehealth services. These flexibilities remain in effect as HHS recently extended the PHE declaration through October 23, 2020. In the proposed rule, the Agency is seeking public input on expanding the number of services available to Medicare beneficiaries through telehealth capabilities.

For CY 2021, CMS is proposing to permanently keep several codes that radiation oncologists typically bill on the Medicare telehealth list following the PHE, including the prolonged office and outpatient E/M visit code. However, CMS is proposing to no longer include Radiation Treatment Management Services (CPT code 77427) on the telehealth list at the conclusion of the PHE. In response to the PHE for the COVID-19 pandemic, CMS undertook emergency rulemaking to add a number of services to the Medicare telehealth services list on an interim basis for the duration of the PHE, including the on-treatment visit portion of CPT Code 77427. CMS is seeking comments on whether the Agency should include CPT code 77427 on the telehealth list on a permanent basis.

Please see Table 12 below for a detailed summary of CMS' proposed additions of services to the Medicare telehealth services list and those codes where CMS is seeking further comment.

TABLE 12: Summary of CY 2021 Proposals for Addition of Services to the Medicare Telehealth Services List

Type of Service	Specific Services and CPT Codes
1. Services we are proposing for permanent addition to the Medicare telehealth services list	• Group Psychotherapy (CPT code 90853) • Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT codes 99334-99335) • Home Visits, Established Patient (CPT codes 99347- 99348) • Cognitive Assessment and Care Planning Services (CPT code 99483) • Visit Complexity Inherent to Certain Office/Outpatient E/Ms (HCPCS code GPC1X) • Prolonged Services (CPT code 99XXX) • Psychological and Neuropsychological Testing (CPT code 96121)
2. Services we are proposing as Category 3, temporary additions to the Medicare telehealth services list.	• Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT codes 99336-99337) • Home Visits, Established Patient (CPT codes 99349-99350) • Emergency Department Visits, Levels 1-3 (CPT codes 99281-99283) • Nursing facilities discharge day management (CPT codes 99315-99316) • Psychological and Neuropsychological Testing (CPT codes 96130- 96133)
3. Services we are not proposing to add to the Medicare telehealth services list but are seeking comment on whether they should be added on either a Category 3 basis or permanently.	• Initial nursing facility visits, all levels (Low, Moderate, and High Complexity) (CPT 99304-99306) • Psychological and Neuropsychological Testing (CPT codes 96136-96139) • Therapy Services, Physical and Occupational Therapy, All levels (CPT 97161- 97168; CPT 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524, 92507) • Initial hospital care and hospital discharge day management (CPT 99221-99223; CPT 99238- 99239) • Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent (CPT 99468- 99472; CPT 99475- 99476) • Initial and Continuing Neonatal Intensive Care Services (CPT 99477-99480) • Critical Care Services (CPT 99291-99292) • End-Stage Renal Disease Monthly Capitation Payment codes (CPT 90952, 90953, 90956, 90959, and 90962) • Radiation Treatment Management Services (CPT 77427) • Emergency Department Visits, Levels 4-5 (CPT 99284-99285) • Domiciliary, Rest Home, or Custodial Care services, New (CPT 99324-99328) • Home Visits, New Patient, all levels (CPT 99341- 99345) • Initial and Subsequent Observation and Observation Discharge Day Management (CPT 99217- 99220; CPT 99224- 99226; CPT 99234-99236)

Direct Supervision by Interactive Telecommunications Technology

For the duration of the COVID-19 PHE, CMS adopted an interim final policy revising the definition of direct supervision to include virtual presence of the supervising physician or practitioner using interactive audio/video real-time communications technology. In the 2021 MPFS proposed rule, CMS is proposing to allow direct supervision to be provided using real-time, interactive audio and video technology (excluding telephone that does not also include video) through the end of the PHE or December 31, 2021, whichever comes later.

This allows for the continued use of virtual presence of the supervising physician or practitioner using interactive audio/video real-time communications technology recognizing that in some cases, the physical proximity of the physician or practitioner might present additional infection

exposure to the patient and/or practitioner. In the 2021 MPFS proposed rule, CMS clarifies that the direct supervision requirement can be met by the supervising physician being immediately available to engage via audio/video technology and would not require real-time presence or observation of the service via interactive audio and video technology throughout the performance of the procedure. According to CMS, individual practitioners are in the best position to make decisions about how to meet the requirement to provide appropriate direct supervision based on their clinical judgement in certain circumstances. ASTRO has additional information regarding the PHE supervision policy posted on its website.

Furthermore, CMS plans to collect additional input on services and circumstances for which this policy might be appropriate on a permanent basis. Specifically, the Agency is seeking information from commenters regarding whether there should be any "guardrails" in effect as it finalizes this policy and what risks this policy might introduce to beneficiaries as they receive care from practitioners that would supervise care virtually in this way. In addition to comments regarding patient safety/clinical appropriateness, CMS is seeking comment on potential concerns around induced utilization and fraud, waste, and abuse and how those concerns might be addressed.

Additionally, in the 2021 MPFS proposed rule, CMS is proposing changes related to the scope of practice for physician fee schedule services that would allow NPs, CNSs, PAs, and CNMs to provide the appropriate level of supervision assigned to diagnostic tests, to the extent authorized under State law and scope of practice. In accordance with statute, these NPPs would be working either under physician supervision or in collaboration with a physician. According to CMS, this flexibility is designed to increase the capacity and availability of practitioners who can supervise diagnostic tests, which would alleviate some of the demand on physicians as the only source to perform this specific function. In order to pursue this modification, the Agency indicates that it would need to better understand the scope of practice for the different types of auxiliary staff who could potentially provide these tests under the supervision of a non-physician practitioner.

Continuation of Payment for Audio-only Visits

CMS established separate payment for audio-only telephone E/M services (CPT codes 99441, 99442, and 99443) during the PHE, and cross-walked payment rates for these services from office/outpatient E/M codes. CMS received feedback from stakeholders that the use of audio-only services was more prevalent than expected, especially because many beneficiaries were not utilizing video-enabled communication technology from their homes. Since the statute requires telehealth services to have a two-way, audio/video communication technology, CMS states that it does not have the authority to extend this flexibility beyond the PHE. In the 2021 MPFS proposed rule, CMS recognizes the value of audio-only services, and the Agency is seeking comments on whether it should develop coding and payment for a service similar to the existing virtual check-in codes but for a longer unit of time and with an accordingly higher value. CMS is also seeking comment on whether separate payment for such telephone-only services should be a provisional policy to remain in effect until a year or some other period after the end of the

PHE or if it should be a permanent PFS payment policy.

Quality Payment Program

ASTRO will provide a separate summary on the provisions in the rule regarding updates to the Quality Payment Program including changes to the Merit Based Incentive Payment System and Alternative Payment Models.

Additional information about the proposed 2021 MPFS can be found at the following links:

To view the 2021 Physician Fee Schedule proposed rule, please visit:

https://www.cms.gov/files/document/cms-1734-p-pdf.pdf

For a fact sheet on the 2021 Physician Fee Schedule proposed rule, please visit:

https://www.cms.gov/newsroom/fact-sheets/proposed-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-4

For 2021 Physician Fee Schedule proposed rule data files, appendices, and other materials, please visit:

https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-federal-regulation-notices/cms-1734-p