



**AMERICAN SOCIETY
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January 30, 2024

Chiquita Brooks-LaSure, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Baltimore, MD 21244-8016

Submitted electronically: telehealth_review_process@cms.hhs.gov

Re: Telehealth for On-Treatment Visits (OTVs) associated with Weekly Treatment Management (77427)

Dear Administrator Brooks-LaSure:

During the COVID-19 public health emergency (PHE), many patient services were approved for telehealth flexibility by CMS, including the use of telehealth to satisfy direct supervision requirements associated with the on-treatment visits (OTVs) for CPT Code 77427 (Radiation treatment management 5 treatments). Through various regulatory actions, this flexibility was extended, and in the CY 2024 Medicare Physician Fee Schedule (MPFS) final rule, the Agency finalized its proposal to allow for the continued use of real-time audio and video interactive telecommunications to satisfy direct supervision requirements through December 31, 2024.

ASTRO believes that the radiation oncologist should conduct the face-to-face portion of 77427 in-person, and therefore, the code should be removed from the Medicare Telehealth Services List beginning in CY 2025.

At the onset of the pandemic, many hospitals and clinics were plagued by issues that made face-to-face interactions unsafe for both physicians and patients, particularly because of rampant shortages of protective medical supplies like N95 masks. During the initial peak of the PHE, ASTRO urged CMS to exercise non-enforcement of in-person, face-to-face interactions that are typically required as part of the weekly OTV associated with CPT code 77427. Non-enforcement of the in-person, face-to-face interaction enabled patients with cancer to complete their treatments, while safety policies and precautions were being developed and implemented to reduce COVID-19 transmissions. CMS recognized ASTRO's concerns and undertook emergency rulemaking to add CPT code 77427 to the approved telehealth list on an interim basis for the duration of the PHE.

Face-to-face engagement between radiation oncologists, clinical treatment teams, and patients undergoing treatment is the most appropriate way to manage care. Given that both the patient and the radiation oncologist are present to receive and supervise treatment, respectively, face-to-face visits are logistically feasible. While

appropriate to protect patients and radiation oncologists from infection spread during the COVID-19 PHE, ASTRO believes that the use of telehealth for the face-to-face portion of the OTV is no longer necessary now that the PHE has concluded. The physical examination is an integral part of patients' cancer treatment management during the course of radiation therapy and ensures quality of care. While occasional exceptions and flexibilities may be needed to address rural and underserved communities, ASTRO believes that it is for the radiation oncologist to conduct the face-to-face portion of the weekly management code in-person.

The side effects of radiation therapy are cumulative and vary from patient to patient. They can occasionally be severe, and patients need to be seen by the radiation oncologist in-person to discuss and address any symptoms. Additionally, many patients receive concurrent systemic therapies, like chemotherapy, which may make side effects more acute. Given that many Medicare beneficiaries have comorbidities which can exacerbate side effects, close physician surveillance is important. The ability of the radiation oncologists to respond to a question during the OTV with a physical clinical exam is paramount to high-quality care and patient safety. ASTRO believes that a board-certified/board-eligible radiation oncologist is the clinically appropriate physician to supervise radiation treatments, as well as for follow-up care related to those treatments. However, as stated above, we recognize that some flexibility is necessary for those practices that deliver care to rural or underserved populations who may experience access to care issues.

Thank you for the opportunity to provide comments as you begin rulemaking for CY 2025. Should you have any questions on the items addressed in this letter, please contact Adam Greathouse, Assistant Director, Health Policy, at (703) 839-7376 or Adam.Greathouse@astro.org.

Respectfully,



Laura I. Thevenot
Chief Executive Officer



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