



February 26, 2019

Carol Blackford Director of the Hospital and Ambulatory Policy Group Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

Dear Ms. Blackford,

ASTRO wishes to thank you for the opportunity to meet with you and your team regarding issues associated with the implementation of the radiation oncology alternative payment model and the Medicare Physician Fee Schedule, as well as our concerns regarding the Comprehensive Ambulatory Payment System payment methodology. We wanted to take this opportunity to thank you, as well as reiterate some of the key points made during the discussion.

RO-APM and Fee Schedule Rate Stability

As you are aware, ASTRO has been working with the Centers for Medicare and Medicaid Innovation Center (CMMI) on the development and implementation of a radiation oncology alternative payment model (RO-APM). We believe introduction of the model is imminent and look forward to assisting our membership as it transitions to a new value-based payment system.

The RO-APM is inextricably linked to the payment stability of the radiation oncology treatment delivery and image guidance codes, which have been recognized by G codes in the Physician Fee Schedule (PFS) since 2015 and represent roughly half of what Medicare pays for radiation oncology services under the PFS. The payment rates for these G codes have been frozen by bipartisan legislation since 2016, which has allowed us the opportunity to make the transition to value-based payment. This legislative freeze expires at the end of 2019. While ASTRO continues to support the CPT code revisions and RUC-recommended values, we recognize that simultaneously moving to the RO-APM while implementing the new code set for freestanding centers could be disruptive, particularly if some centers are required to participate in the RO-APM. Therefore, we would not oppose continuing with the G codes temporarily before moving permanently to the revised code set.

Challenges with C-APC Methodology

As we discussed, the C-APC methodology lacks the appropriate charge capture mechanisms, particularly for brachytherapy services, which grossly undervalues the treatment. We appreciate your recognition of our concerns. ASTRO will forward our HOPPS recommendations to the Agency in a separate letter.

Again, we appreciate your time and the attention you have given to these issues. We look forward to continued opportunities to engage with you and your team. If you should have any questions or require additional information, please contact Anne Hubbard, Director of Health Policy, at 703-839-9473 or Anne.Hubbard@ASTRO.org.

Sincerely,

Laura I. Thevenot

Chief Executive Officer

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