

July 8, 2019

Gloria L. Jarmon
Deputy Inspector General for Audit Services
Office of Inspector General
Department of Health and Human Services
330 Independence Avenue, SW
Washington, DC 20201

RE: OIG Review of Payments for Three-Dimensional Conformal Radiation Therapy Planning Services

Dear Ms. Jarmon:

The American Society for Radiation Oncology (ASTRO)¹ is writing to express disappointment in the recently issued Office of the Inspector General (OIG) report, *Medicare Could Have Saved Millions of Dollars in Payments for Three-Dimensional Conformal Radiation Therapy Planning Services*. According to the report, the OIG intended to determine possible savings to Medicare if billing requirements for CPT code 77301 Intensity Modulated Radiation Therapy (IMRT) Treatment Planning were applied to CPT code 77295 Three-Dimensional Radiotherapy Plan. We urge the OIG to rescind this report, as its premise does not recognize the distinct differences in the process of care associated with CPT code 77295 and 77301. The report jumps to inappropriate conclusions based on inaccurate information regarding the building blocks associated with the valuation of CPT code 77295, as well as the application of NCCI edits for services associated with the delivery of three-dimensional radiotherapy planning.

According to the report, there is a *planning* and *treatment delivery* phase in three-dimensional radiotherapy planning: “During the planning phase digital data sets and 3D computer images of beneficiaries’ treatment site (a tumor) are used to develop a complex treatment plan to develop highly conformed (focused) radiation while sparing normal adjacent tissue. During the delivery phase, radiation is delivered to the treatment site at the various intensity levels prescribed in the treatment plan.” This is incorrect. There is no treatment delivery associated with 77295. Rather, a three-dimensional radiotherapy plan represents a multi-step process, which involves the physician, physicist and dosimetry work, including digitally reconstructed radiographs of the beam’s eye view and either cross-sectional reconstructions of the dose distributions in three dimensions or review of the dose-volume histograms of the resultant treatment. Again, **three-dimensional radiotherapy planning (77295) involves a multistep process, but does not include treatment delivery**, as purported in the OIG report.

The report also does not recognize that the three-dimensional radiotherapy planning work included in CPT code 77295 does not include simulation as described by CPT codes 77280-77290. Simulation is the process of defining relevant normal and abnormal target anatomy and acquiring the images and data necessary to develop the optimal radiation treatment for the patient. Therefore, CT simulation is the act

¹ *ASTRO members are medical professionals, who practice at hospitals and cancer treatment centers in the United States and around the globe and make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers, and treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy and coding for radiation oncology services.*

of establishing the treatment portals or arrangement without the actual plan or treatment delivery. During CT simulation, the radiation oncologist, with the assistance of the radiation therapist, utilizes simulation equipment, to define the exact treatment position for the patient. For three-dimensional radiotherapy planning, CT simulation planning can be described by the family of simulation codes (77280-77290), which may be reported separately from three-dimensional radiotherapy. Whereas CPT code 77301 always includes the simulation process.

Additionally, the report disregards the valuation of CPT code 77295. In 2012, CPT Code 77280 Simulation, simple was identified in a RUC screen for resurvey. The RUC requested that the entire family of radiation simulation codes (77280, 77285, 77290 and 77295) be resurveyed. As part of that process, ASTRO secured RUC support for removing CPT code 77295 from the simulation family of codes. It was revised through the CPT/RUC process as a planning code. CPT code 77295 was revalued, effective January 1, 2014, to include the physician work associated with the planning process that establishes the correct technical details to properly deliver the desired radiation dose to the target. The code accounts for three-dimensional planning for dose delivery, with the generation of a dose volume histogram. Simulation Codes 77280-77290 were frequently billed with CPT code 77295 even before it was designated as a planning code. Due to the process of care associated with three-dimensional plans, there cannot be a three-dimensional dose display without prior simulation. As such, a simulation code is frequently billed with CPT code 77295 but not on the same date of service. **CPT code 77295 code was never intended or designed to include simulation services, nor does the AMA RUC approved physician work and practice expense (staff labor, medical supplies and equipment) include the work or practice expense of any other code.**

Furthermore, the OIG matched payment for CPT code 77295 with individual radiation therapy planning services listed in the National Coding Correct Initiative (NCCI) procedure to procedure (PTP) edits, including services for image guidance, simulation, and isodose planning, billed up to 14 days before CPT code 77295. The OIG fails to note that PTP edits take effect if a provider reports two codes of an edit pair for the same beneficiary on the *same date of service*. There are many reasons why these services are billed on a different date of service prior to a Three-Dimensional Radiotherapy Plan. For instance, an additional CT simulation may be performed to assess the compatibility of the treatment field arrangement with the linear accelerator geometry or other verification or localization purpose². By failing to consider medical necessity and to review the entire claim, the OIG has made a recommendation that would rob patients of CT simulation services essential to their safety.

The OIG's approach to identifying and securing savings for the Medicare program as laid out in this report does not recognize the distinctions in the process of care associated with CPT code 77295 versus 77301. Additionally, it disregards ASTRO's efforts to educate the OIG on the application of CPT code 77295 in a letter dated March 25, 2019, in which we informed the Agency that there are significant distinctions between how the two codes were valued. The "building blocks" that identified the work of other services, such as CT guidance and simulation, were included in the valuation of CPT code 77301, whereas there are no such building blocks with 77295.

² 2019 ASTRO Radiation Oncology Coding Resource, p.55

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We urge the OIG to rescind its report on CPT code 77295 Three-Dimensional Radiotherapy Plan. We appreciate the opportunity to comment and look forward to working with you to resolve this issue. We will send additional comments in a few weeks. Please contact Jessica Adams, ASTRO Health Policy Analyst (703) 839-7396 or via email at Jessica.adams@astro.org with any questions.

Sincerely,



Laura I. Thevenot
Chief Executive Officer

CC: American College of Radiology

Enclosed: March 25, 2019 Letter to OIG