



**AMERICAN SOCIETY  
FOR RADIATION ONCOLOGY**

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February 8, 2023

Gift Tee, Director of Practitioner Services  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Mr. Tee:

The American Society for Radiation Oncology (ASTRO)<sup>1</sup> wishes to provide guidance to your team as it enters into rulemaking for CY 2024. We appreciate connecting with the CMS Hospital and Ambulatory Payment Group on a regular basis about reimbursement issues, and we look forward to continued dialogue. Below are the key issues we would like to collaboratively pursue:

- **G-Codes/New Alternative Payment System**
- **Practice Expense (PE) Data Collection and Methodology**

**G-Codes/New Alternative Payment Model**

In the 2015 MPFS Final Rule, CMS rejected the RUC-recommended revaluations for the radiation therapy conventional treatment delivery, intensity modulated radiation therapy (IMRT), and image guidance codes. CMS established G-codes G6001-G6015 to recognize the services and cross-walked the values back to the 2014 CPT codes that had been deleted. In December 2015, out of concern for additional cuts to radiation therapy payments, Congress passed the Patient Access and Medicare Protection Act (PAMPA) that effectively froze the definitions, work RVUs, and direct practice expense inputs for the G-codes at 2016 rates through the end of 2018. The Bipartisan Budget Act of 2018 extended this freeze through 2019.

In the CY 2020 MPFS final rule, CMS stated it would maintain the current coding for radiation therapy services, including the HCPCS G-codes, with their current work RVUs and direct PE inputs, in the interest of rate stability for the radiation oncology alternative payment model (RO Model).

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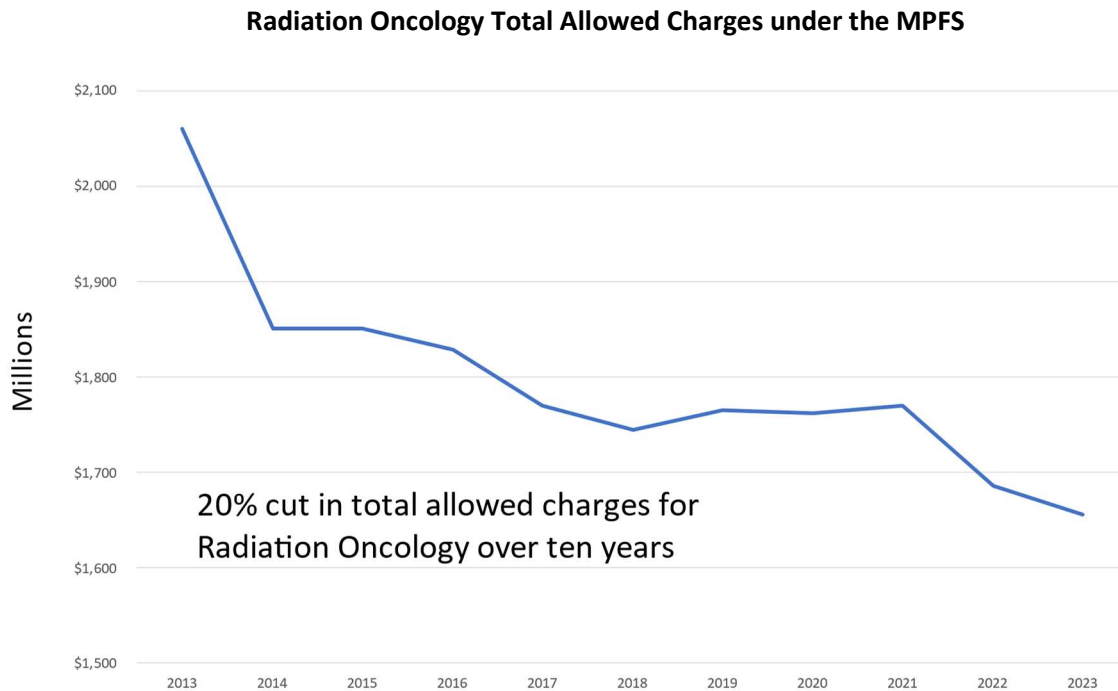
<sup>1</sup> ASTRO members are medical professionals practicing at hospitals and cancer treatment centers in the United States and around the globe. They make up the radiation treatment teams that are critical in the fight against cancer. These teams include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists, and social workers. They treat more than one million patients with cancer 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.

On August 29, 2022, CMS finalized an indefinite delay of the RO Model to a date to be determined through future rulemaking. In the CY 2023 MPFS Final Rule, CMS stated that it is reviewing current coding and payment policies for radiation therapy services, “including whether [it] should adopt the revised CPT coding that was established in CY 2015 to allow for coding and payment consistency.”

Despite the G code freeze, radiation oncology has suffered significant cuts under the Medicare physician fee schedule. According to a peer-reviewed study last year, radiation oncology reimbursement declined by 27% from 2010-2019 (cite Baumann study), when adjusted for utilization and inflation. Additional cuts to radiation oncology have followed in subsequent years due to new evaluation and management coding, as well as updated supply and equipment and clinical labor pricing. Given the high, fixed costs involved in operating a modern radiation therapy clinic, practices have reached the breaking point and need a dramatic change from Medicare if they are to continue providing high quality care commensurate with the Biden Administration’s goals of reducing cancer mortality by 50% over the next 25 years.

ASTRO urges CMS to recognize that the Medicare physician payment system for radiation oncology is broken and needs dramatic reforms, not more cuts. These massive payment reductions threaten access to state-of-the-art radiation therapy where patients need it most: close to home. To help solve this crisis, ASTRO has engaged a consultant to develop a new payment system for radiation therapy services that would stabilize payments, increase access to care, support innovation, improve quality, advance equity, and reduce program costs.

Given the significant payment reductions that radiation oncology has experienced in the MPFS (see chart below), there is a critical need for rate stability to ensure Medicare beneficiaries have adequate access to radiation therapy treatments. Practice operating costs are increasing by as much as 20% due to inflationary pressures, staff shortages, and patients requiring more complex radiation treatments (because of delays in diagnosis due to the COVID-19 PHE). Declining reimbursement rates combined with increasing operational costs are bringing the country’s radiation oncology clinics to the breaking point.



**We appreciate that the Agency recognized the value of pursuing episode-based payment for radiation therapy services in the RO Model final rule. ASTRO remains committed to working with CMS and Congress to establish a new radiation oncology payment system that contributes to President Biden’s strategy for reducing cancer mortality. We expect to present a formal proposal for a site-neutral radiation therapy payment system later this year. In the interim, we urge you to maintain the G code definitions and inputs to support transitioning radiation therapy services from fee-for-service to value-based payment.**

#### **Practice Expense (PE) Data Collection and Methodology**

In the CY 2023 MPFS Final rule, CMS stated it thinks “it is necessary to establish a roadmap toward more routine PE updates, especially because potentially improper or outdated allocation of PE across services may affect access to certain services, which could exacerbate disparities in care and outcomes. Establishing payments that better reflect current practice costs would mitigate possible unintended consequences, such as labor market distortions due to indirect cost allocations that do not reflect the current evolution of health care practice.”

ASTRO supports establishing a roadmap that would allow for more routine PE data updates. We hope that the Agency will work collaboratively with ASTRO and the AMA RUC, which is moving forward with its new PE data collection effort this year, with analysis and submission of data to CMS expected by the end of 2024. We urge caution in undertaking changes to the existing PE methodology. Potential changes to the methodology must be thoroughly analyzed and discussed with stakeholders as even minor changes can have unintended consequences, including sizeable shifts in payments within or between specialties, which could threaten the financial viability of clinics and reduce access to care. The Agency

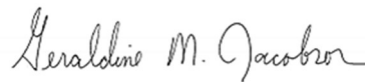
should avoid proposing modifications to the PE methodology in a proposed rule with implementation for the following calendar year. Such an approach does not allow for thorough review or meaningful dialogue. If CMS proposes changes to the existing PE methodology, ASTRO urges the Agency to establish a timeline that allows for a minimum of one full year prior to finalizing changes.

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 have any questions or require additional information, please contact Adam Greathouse, Assistant Director of Health Policy, at 703-839-7376 or [Adam.Greathouse@astro.org](mailto:Adam.Greathouse@astro.org).

Sincerely,



Laura I. Thevenot  
Chief Executive Officer



Geraldine M. Jacobson, MD, MBA, MPH, FASTRO  
Chair, ASTRO Board of Directors

CC: Dr. Meena Seshamani, Deputy Administrator and Director of the Center for Medicare  
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