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March 16, 2020

Ms. Seema Verma Administrator Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

Dear Administrator Verma,

Over the past week, the American Society for Radiation Oncology (ASTRO)¹ has been actively working with our membership on efforts to address COVID-19, and we appreciate the Administration's leadership and efforts to support an effective response to the pandemic by relaxing certain Medicare requirements. We are writing to urge the Agency to extend those flexibilities to existing physician supervision policies applicable to radiation oncology in both the hospital and freestanding settings for the duration of the COVID-19 public health emergency. Radiation oncology clinics are making widespread and unprecedented practice changes to continue treating cancer patients and support broader health care system efforts to stop COVID-19, but radiation oncologists are at risk of COVID-19 infection and may at some point be unable to provide care at the supervision levels currently required by Medicare policies.

ASTRO has sought guidance from the CDC, as well as other resources to assist radiation oncologists and their care teams as they continue to provide patients with lifesaving radiation therapy treatment during the COVID-19 epidemic. Changes in patient engagement have started, including postponement of non-essential and follow up patient visits and screening of patients at clinic entry points. Practices are also adopting remote tumor board meetings, reducing/staggering staff per shift to reduce exposure, and asking administrative staff to work remotely. While these efforts will aid in the reduction of exposure to COVID-19, they will not completely prevent radiation oncologists and their care teams from getting the virus.

ASTRO is seeking relaxation of the current supervision requirements in both the hospital and freestanding settings. As you know, hospital supervision levels were recently changed from direct to general supervision for many therapeutic services; however, CMS has said that this change did not impact image guidance services, since they are considered diagnostic services. Additionally, freestanding settings are subject to direct personal supervision, as per Section

¹ASTRO 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.

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1861(s)(4) of the Social Security Act. ASTRO is seeking relaxation of the existing supervision policies to allow for general supervision of image guidance services in the hospital setting. Additionally, we request that CMS apply similar supervision standards in the freestanding setting to ensure continuity of care during the COVID-19 pandemic.

ASTRO has long held that a board-certified/board-eligible radiation oncologist is the clinically appropriate physician to supervise radiation treatments. However, given that many practices may be severely impacted by COVID-19, reducing the availability of radiation oncologists to supervise treatments, we are urging the Agency to temporarily relax the existing supervision requirements by allowing other physicians to supervise radiation therapy. This will ensure the continuity of life-saving radiation treatments for cancer patients during the pandemic.

ASTRO appreciates your leadership during this crisis, and we thank you for considering this request. If you have any questions, please contact Anne Hubbard, Director of Health Policy at <u>Anne.Hubbard@ASTRO.org</u> or 703-839-7394.

Sincerely,

Laura Theverst

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cc: Ing-Jye Cheng, Acting Director, Hospital and Ambulatory Policy Group Ryan Howe, Deputy Director, Hospital and Ambulatory Policy Group