January 3, 2011

Donald M. Berwick, MD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1503-FC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2011

Dear Administrator Berwick:

The American Society for Radiation Oncology (ASTRO) appreciates the opportunity to provide written comments on the “Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2011” published in the Federal Register on November 29, 2010. ASTRO is the largest radiation oncology society in the world, with 10,000 members who specialize in treating patients with radiation therapies. As the leading organization in radiation oncology, biology, and physics, the Society is dedicated to the advancement of the practice of radiation oncology by promoting excellence in patient care, providing opportunities for educational and professional development, promoting research and disseminating research results and representing radiation oncology in a rapidly evolving healthcare environment.

ASTRO members are medical professionals, found at hospitals and cancer treatment centers in the US and around the globe, and make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include a nutritionist and a social worker, 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.

In this letter we address a number of proposals that will impact our membership and the patients they serve including:

I. Interim final work RVUs
   A. 77427 Radiation treatment management, 5 treatments
   B. 57155 Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy
   C. 57156 Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy

II. Review of MPC Codes
I. Interim Final Work RVUs

The American Medical Association (AMA)/RVS Update Committee (RUC) provided work RVU recommendations for 291 CPT codes. Of the 291 recommendations, CMS accepted 207 (71 percent) of the RUC recommended values and provided alternative values for the remaining 84 (29 percent). The Agency noted in the rule that over the last several years the rate of the acceptance of the RUC recommendations has been higher, at 90 percent or greater. However, in response to concerns expressed by the Medicare Payment Advisory Commission (MedPAC), the Congress, and other stakeholders regarding the accurate valuation of services under the Medicare Physician Fee Schedule (MPFS), CMS has intensified its scrutiny of the work valuations of new, revised and potentially misvalued codes.

In this letter, ASTRO would like to address three RUC recommendations for work relative value units (RVUs) that were rejected by CMS: CPT code 77427 Radiation treatment management, 5 treatments; CPT code 57155 Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy; and CPT code 57156 Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy. ASTRO urges CMS to reconsider its decisions and accept the RUC work RVU recommendations for these three codes.

A. 77427 Radiation treatment management, 5 treatments

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<tr>
<td>77427</td>
<td>Radiation treatment management, 5 treatments</td>
<td>3.45</td>
<td>3.37</td>
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Background

In a separate letter sent to CMS by ASTRO dated November 19, 2010, ASTRO identified a mathematical error in the building block utilized by CMS. In the original final rule, the proposed interim work RVU value for CPT code 77427 was 2.92. CMS recently released a corrected RVU file addressing this issue. The new proposed interim value is now 3.37 work RVUs. ASTRO very much appreciates the Agency’s prompt attention to this matter.

CPT code 77427 Radiation treatment management, 5 treatments was identified as a potentially misvalued code by the RUC’s Five Year Identification Workgroup’s “Site of Service Anomalies” screen for potentially misvalued codes in 2007. In October 2009, the RU considered the results of ASTRO’s survey of more than 100 physicians and agreed with the surveyed physician times of seven minutes pre-service, 70 minutes intra-service, and 10 minutes immediate post-service. They then used a building block approach to value the treatment visits associated with this code. The RUC averaged the number of weekly E/M visits, four Level IV office visits (CPT code 99214) and two Level III office visits (CPT code 99213) over a six week
course of treatment to calculate an E/M building block of 1.32 RVUs. For the work of post treatment visits, the RUC calculated the average work RVU over a 90 day period from the end of treatment which indicated that the typical patient received two Level III office visits (CPT code 99213) and one Level IV office visit (CPT code 99214) during this period.

In the CY 2011 Final Rule, CMS accepted the RUC’s building block methodology and the building blocks used for two of the three activities associated with CPT code 77427. However, CMS modified the building block that the RUC used to calculate the work RVUs associated with the treatment visits. CMS concluded that a more appropriate estimation would be an average of three units of CPT code 99214 and three units of CPT code 99213, rather than the RUC average based upon four units of CPT code 99214 and two units of CPT code 99213. Based on this one change, CMS assigned an alternative work RVU of 3.37 work RVUs.

**ASTRO Rationale for Support of RUC Recommendation of 3.45 work RVU**

The Society supports the RUC recommendation for code 77427 and urges CMS to reverse its decision to reject the RUC recommendation of 3.45 RVUs for CPT code 77427.

CPT code 77427 is a weekly management code reported by the radiation oncologist for patients undergoing radiation therapy. The structure of this code made it a challenge to survey and value by the RUC. The RUC and ASTRO had lengthy discussions prior to the code being surveyed; as a result the survey instrument was modified, with approval from the RUC Research Subcommittee, to ensure data was accurately captured. The RUC also had lengthy discussions on how to appropriately interpret the survey data and come up with a value at the RUC meeting. The result of all this work was a recommended value based on a building block methodology that took into account the various components of physician work related to this procedure. The RUC then compared this value to comparable services such as 95953 Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours (work RVU = 3.30, XXX global), 77263 Therapeutic radiology treatment planning; complex (work RVU = 3.14, XXX global) and 90962 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face physician visit per month (work RVU = 3.15, XXX global).

The Agency never provided a rationale for changing the building block methodology which reduced the value of office visits agreed upon by the RUC. In contrast, the RUC recommendation is based on lengthy discussions and deliberations by the RUC as well as comparisons to several reference codes, which concluded in an agreement that four 99214 office visits and two 99213 office visits should be used in the building block to value this service.

*Based on this rationale, ASTRO strongly urges CMS to accept the RUC recommended value of 3.45 RVUs for 77427.*
B. 57155 Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy

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<tr>
<td>57155</td>
<td>Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy</td>
<td>5.40</td>
<td>3.37</td>
<td>5.40</td>
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CPT code 57155 Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy was identified through the Five Year Identification Workgroup “Site of Service Anomalies” screen for potentially misvalued codes. The code was later revised by the CPT Editorial Panel. The code was surveyed by ASTRO and the American College of Obstetricians and Gynecologists (ACOG) and presented to the RUC. The RUC submitted recommendations for the code to CMS for the 2011 fee schedule cycle.

In the final rule, CMS established a 2011 interim work RVU for CPT code 57155 of 3.37, rejecting the RUC recommended work RVU value of 5.40. CMS disagreed with the AMA RUC-recommended value for this service “because the method used to derive the value lacked a defined logic.” We strongly disagree with the CMS characterization of the method used by the RUC, which was consistent with the methodology used since the early days of the fee schedule.

First, as CMS noted in the final rule, the recommended value of 5.40 was established based on the 25th percentile of a survey that included responses from 30 gynecologists and 39 radiation oncologists who identified the key reference services as CPT code 55920 Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application.

Second, a consensus panel with representatives from the ACOG and ASTRO carefully considered surveyed data, intra-service work per unit time (IWPUT), site of service and the history of this code and recommended to the RUC that CPT code 57155 be valued at 6.2 RVUs (survey median), a reduction from the current 6.79 RVU value.

Third, the RUC considered this recommendation and reviewed several services with similar physician work and time, including: 50382 Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation (000 global, work RVU = 5.50, 60 minutes intra-service) and 52001 Cystourethroscopy with irrigation and evacuation of multiple obstructing clots (000 global, work RVU = 5.44, 60 minutes intra-service). Based on the above RUC reviewed comparison services, the RUC agreed that a value of 5.40 work relative value units would appropriately rank order 57155 within the radiation oncology family of services and across specialties.

As noted above, CMS disagreed with the AMA RUC-recommended value for this service. CMS expressed a belief that a more comparable service is 58823 Drainage of pelvic abscess,
transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic) with work RVUs of 3.37.

ASTRO strongly disagrees with the CMS interim work RVUs and the comparison of CPT code 57155 to CPT code 58823. CPT code 57155 is a much higher intensity procedure that is not clinically parallel in work or intensity to CPT code 58823.

CPT code 57155 is a therapeutic procedure that describes the insertion of tandems or ovoids for LDR and HDR brachytherapy. The typical patient is “a 49-year-old patient with Stage 2 B cervical cancer who is scheduled for placement of tandem and ovoids for brachytherapy to deliver a high dose of radiation to the cervix and parametrial tissue. The anatomy of the cervix is typically distorted because of the tumor and the placement of the tandem and ovoids are critical, because of the rapid fall off of dose a very small shift or slight inaccuracy in placement or change in relative positions of the tandem and the ovoids can lead to significant underdosage of the tumor and overdosage of the rectum and bladder. Hence, placement has to be typically repeated and adjusted till optimal placement is confirmed on imaging and then this is stabilized and held in place with packing. The work also includes removal of all the packing and the apparatus after the completion of treatment. The IWPUT of 57155 using the RUC recommended times and work RVU is 0.06394.

The typical patient for CPT code 58823 is “a twenty-five year old woman with pelvic pain, fever, and clinical signs of sepsis who undergoes image guided drainage of a complex cyst involving the fallopian tube and ovary.” In the valuing of code 58823 the RUC compared it to other drainage codes. The IWPUT of 58823 is 0.0282. The work of CPT 57155 is mentally and technically more challenging than the work of CPT 55823. The difference in IWPUT, a method used by the RUC to assess the intensity of a procedure, reflects the difference in intensity in these two codes and provides further evidence that crosswalking the value of CPT code 58823 to CPT code 57155 is inappropriate.

Based on the rationale described above, ASTRO strongly urges CMS to accept the RUC recommended value of 5.40 RVUs for code 57155. If the Agency believes additional discussion is necessary, ASTRO requests that this code be sent to a Medicare Refinement Panel for further review.

C. 57156 Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy

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<tr>
<td>57156</td>
<td>Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy</td>
<td>2.69</td>
<td>1.87</td>
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CPT Code 57156 is a new code for 2011. This code will be used for the placement of a vaginal cylinder, or ovoids or similar afterloading device for subsequent brachytherapy, typically in a post hysterectomy patient. This code was created as there was not a specific CPT code describing this procedure and there was ambiguity in the description of CPT code 57155, causing some providers to use this code for post hysterectomy placement of a vaginal afterloading device for brachytherapy. Similar to code 57155, code 57156 will be used for both LDR and HDR brachytherapy.

In the final rule, CMS established a 2011 interim work RVU for CPT code 57156 of 1.87, a decrease from the RUC recommended value of 2.69. The Agency stated that the decision to decrease the value of this code from the RUC recommended value was based on its decision to reduce the RUC recommendation for CPT code 57185, a related code. ASTRO assumes that CMS was referring to CPT code 57155 Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy since CPT code 57185 does not exist. As described in the previous section of this comment letter, CMS decided to reduce the RUC recommendation for CPT code 57156 was too high and assigns work RVUs of 1.87 to CPT code 57156 based on a crosswalk of the work RVUs assigned to CPT code 62319 (Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)) (work RVUs = 1.87).

ASTRO disagrees with the Agency’s decision and has concerns with the Agency’s crosswalk methodology. Ironically, the CMS decision to disregard the survey results obtained from nearly 70 practicing gynecologists and radiation oncologists and arbitrarily base the work RVUs on a crosswalk from another code is a methodology occasionally employed by the RUC in the past that CMS criticized in the final rule, stating it “could contribute to inaccuracy in the relativity of physician work” (Federal Register November 29, 2010, page 73328).

We note that the RUC recommended value for CPT code 57156 is based on the 25th percentile of the survey and comparison to key reference service CPT code 19296 Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy. ASTRO believes the validity of the RUC recommendation is strengthened by this comparison. CPT codes 57156 and 19296 are comparable codes. Using the RUC recommended values the codes have similar IWPUT values: 57156 has an IWPUT of 0.0559 and 19296 has an IWPUT of 0.0545.

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Based on the rationale described above, ASTRO strongly urges CMS to accept the RUC recommended value of 2.69 RVUs for code 57156. If the Agency believes additional discussion is necessary, ASTRO requests this code is sent to a Medicare Refinement Panel for further review.
II. Review of MPC Codes

The RUC uses a scale referred to as the multispecialty points of comparison (MPC) to evaluate the reasonableness of a specialty society's recommended value for a service. In the final rule CMS requests the RUC to assess a subset of codes from the MPC list for RUC review in 2011. These codes were identified by ranking the MPC codes by allowed services and allowed charges based on CY 2009 claims data. There are three radiation oncology codes on this list: 77334 Radiation treatment aid(s), 77290 Set radiation therapy field, and 77300 Radiation therapy dose plan.

ASTRO appreciates the Agency’s consideration of the many comments received related to the review of MPC codes and the Agency’s position that since these codes are used to validate new code values care must be taken to ensure that the codes on this list are appropriately valued. Yet ASTRO reiterates in this letter our concerns with this proposal. The RUC has an extremely heavy work load and as a result so do the specialty societies participating in this important process. With limited resources and time, CMS should allow the RUC to prioritize their work.

The RUC has developed processes to review the MPC list in particular and the fee schedule as a whole through the MPC Workgroup and the Relativity Assessment Workgroup. These workgroups have served the RUC well, allowing the RUC to review thousands of codes and filter or flag high priority codes that need to be reviewed or resurveyed. We urge CMS to recognize the value of these workgroups and give the RUC sufficient time to consider the best approach of maintaining the MPC list.

ASTRO does not believe it is necessary or appropriate to review MPC codes that were recently reviewed by the RUC. For example, the three radiation oncology codes on the CMS list for review (77334, 77290, and 77300) were surveyed as part of the Third Five Year Review that was implemented in 2007. This process reaffirmed the physician time and work RVUs associated with these procedures. All three are well established codes, and there has been no change in technology, patient population or physician work that would create a need for another review.

ASTRO urges CMS to permit the RUC to reassess codes on the MPC list based on criteria that would be expanded beyond just allowed charges and allowed services.

Thank you for the opportunity to comment on this Final Rule with comment. We look forward to continued dialogue with CMS officials. Should you have any questions on the items addressed in this comment letter, please contact Sheila Madhani, Assistant Director, ASTRO Health Policy Department at (703) 839-7372 or sheilam@astro.org.

Respectfully,

Laura I. Thevenot, CAE
Chief Executive Officer