

December 30, 2016

Mr. Patrick Sartini
Health Insurance Specialist
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1654-P
P.O. Box 8013
7500 Security Boulevard
Baltimore, MD 21244-8013

Submitted electronically: patrick.sartini@cms.hhs.gov

Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Pricing Data Release; Medicare Advantage and Part D Medical Low Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model

Dear Mr. Sartini:

The American Society for Radiation Oncology (ASTRO)¹ recognizes that the “Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Pricing Data Release; Medicare Advantage and Part D Medical Low Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model” was published in the Federal Register as a final rule on November 15, 2016 without a comment period. However, the final rule contained language seeking comments regarding what CMS views as a discrepancy between recommended time values and recommended work RUVs. This statement was made in relation to the Agency’s final decision regarding Interstitial Radiation Source Codes – CPT Codes 77778 and 77790.

Interstitial Radiation Source Codes – CPT Codes 77778 and 77790

The CPT Editorial Panel revised CPT code 77778 *LDR Brachytherapy Complex* to include supervision and handling of brachytherapy sources (previously reported with CPT code 77790 *Supervision and handling, loading of radiation source*). Those two services were caught in a “75 percent reported together” screen.

In the final 2016 Medicare Physician Fee Schedule (MPFS), the agency established a work RVU of 8.00 as an interim final value for CPT code 77778 based the 25th percentile RUC survey

¹ 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 cancer patients each year.

result. In the proposed 2017 MPFS, CMS proposed to finalize the work RVU for CPT code 77778 at 8.00. In the final 2017 MPFS, after review of stakeholder comments, CMS has accepted the original RUC recommended work RVU of 8.78. However, the Agency expressed continued concern with the discrepancy between the time values and the RUC recommended work value.

The raw survey data for CPT Code 77778 totaled 220 minutes, which included 65 minutes of pre evaluation, 15 minutes of pre-positioning, 20 minutes of scrub/dress/wait, 90 minutes of intra-time and 30 minutes of post time. It is common for specialties to lose significant pre-time because they are obligated to use pre-time packages, which determine the number of minutes per procedure based on global period and site of service. In this case, time was lost in all three categories of pre time – evaluation, positioning and scrub/dress/wait, not because the survey respondents recommended low times, but because the standard packages have lower established times.

The problem was exacerbated because CPT code 77790 was bundled into 77778. ASTRO recommended 35 minutes of additional pre-service evaluation time (in addition to the package time) to account for the work associated with 77790. The survey respondents made pre-time evaluation recommendations for this newly bundled service (LDR procedure, as well as the time associated with supervising the ordering, receiving and storing of the isotope for prostate LDR). Although the specialty believes 35 minutes accurately reflects the physician time associated with supervising the ordering, receiving and storing of the isotope for prostate LDR, ASTRO agreed to remove the time from the RUC recommendation at the request of the RUC. However, LDR Prostate Brachytherapy cannot take place until the work of supervision, handling, loading of radiation seeds into needles has happened, and now this work will occur in the pre-service period of the new bundled CPT code 77778.

It is important to note that the RUC recommended 145 minutes (25 pre, 90 intra and 30 post), a work value of 8.78 and an IWP/UT of 0.085. The difference in time from the 220 minutes raw survey time is all related to the pre-time issue described above. Intra and post times remained the same.

CPT Code 77778 describes brachytherapy, which is an efficient and cost effective treatment for prostate cancer². Despite this evidence, use of this particular therapy continues to decline in correlation with reimbursement levels. ASTRO appreciates the CMS decision to recognize the RUC recommended work RVU for the code. We urge the Agency to accept the explanation outlined above and close this issue.

² Orio III PF, Nguyen PL, Buzurovic I, Cail DW, Chen Y-W, Prostate brachytherapy case volumes by academic and non-academic practices: Implications for future residency training, International Journal of Radiation Oncology Biology Physics (2016), doi: 10.1016/j.ijrobp.2016.07.013.

Thank you for the opportunity to comment on this final rule. We look forward to continued dialog with CMS officials. Should you have any questions on the items addressed in this comment letter, please contact Anne Hubbard, Director of Health Policy, at 703-839-7394 or anne.hubbard@astro.org.

Respectfully,

A handwritten signature in black ink that reads "Laura Thevenot". The signature is written in a cursive style with a large initial "L".

Laura I. Thevenot
Chief Executive Officer