December 30, 2014

Ms. Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1613-FC
P.O. Box 8013
7500 Security Boulevard
Baltimore, MD 21244-1850
Submitted electronically: http://www.regulations.gov

Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Physician-Owned Hospitals: Data Sources for Expansion Exception; Physician Certification of Inpatient Hospital Services; Medicare Advantage Organizations and Part D Sponsors: CMS-Identified Overpayments Associated with Submitted Payment Data

Dear Administrator Tavenner:

The American Society for Radiation Oncology (ASTRO) appreciates the opportunity to provide written comments on the "Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Physician-Owned Hospitals: Data Sources for Expansion Exception; Physician Certification of Inpatient Hospital Services; Medicare Advantage Organizations and Part D Sponsors: CMS-Identified Overpayments Associated with Submitted Payment Data" published in the Federal Register as a final rule on November 10, 2014.

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. 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 topics that will impact our membership and the patients they serve, including:

- CMS Approval of New 2015 Radiation Oncology CPT Codes
- Comprehensive APC Policy for SRS & IORT
- APC 0066, SBRT (CPT Code 77373)
- Proton Beam Therapy (77520-77525)
- Low Dose Rate (LDR) Prostate Brachytherapy Composite APC 8001
- Insert Uteri Tandem/Ovoids (CPT Code 57155)
- APC 0304 Level I Therapeutic Radiation Treatment Preparation
- Understanding the Different Resource Costs among Traditional Office, Facility and Off-Campus Provider-Based Settings

CMS Approves New 2015 Radiation Oncology CPT Codes

In the 2015 MFPS, CMS decided not to finalize the new 2015 Radiation Oncology CPT Codes. ASTRO is appreciative of the Agency's concern regarding the magnitude of the radiation oncology treatment delivery changes and the potential impact on physicians and their practices. However, CMS did finalize the new 2015 radiation oncology codes for inclusion in the OPPS. ***ASTRO supports CMS's decision to roll out the radiation oncology treatment delivery changes in the 2016 proposed MPFS. We are however, concerned about the implementation of the G codes in the MPFS and the new 2015 CPT codes in the OPPS. There is great potential for confusion by Medicare carriers and private insurers. We believe CMS may need to issue specific coding guidance to Medicare carriers to avoid denials, and we would like to work with the Agency if coding guidance is needed.***

As mentioned in the previous paragraph, we anticipate that the new proposed values for conventional radiology, IMRT and IGRT will be included in the 2016 MPFS proposed rule. ***ASTRO urges CMS to continue using the mean data established for the deleted CPT codes as it determines values for the APCs that contain the new CPT codes. ASTRO is interested in working with CMS to ensure that existing data is utilized and considered in the APC valuation process.***

CMS Finalizes Comprehensive APC Policy for SRS & IORT

In the CY 2015 final rule, CMS finalized its decision to create a comprehensive APC (C-APC) by renaming APC 0067 from "Level II Stereotactic Radiosurgery" to "Single Session Cranial Stereotactic Radiosurgery" and to assign IORT CPT Codes 77424 and 77425 to C-APC 0648 "Level IV Breast and Skin Surgery". Under this approach, CMS will provide a single payment for all services on the claim regardless of the span of the date(s) of service.

ASTRO supports CMS efforts to eliminate redundant or inappropriate care to ensure more efficient care is provided. However, we remain concerned with the lack of transparency in the establishment of the C-APC rates. The addenda provided by CMS identifies the major components of both C-APCs, but the information lacks many of the ancillary services that normally would be included with SRS and IORT.

The addenda indicates that APC 0067 Single Session Cranial Stereotactic Radiosurgery includes CPT 77371 SRS multisource and 77372 SRS linear based, but it does not include any of the associated services, such as radiation therapy planning and dosimetry. ***ASTRO urges CMS to delineate all of the services included in APC 0067.***

C-APC 0648 Level IV Breast and Skin Surgery includes the following CPT codes:

- CPT 19296 Placement of radiotherapy afterloading expandable catheter into the breast for radioelement application following partial mastectomy, includes image guidance; on date separate from partial mastectomy
- CPT 19298 Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes image guidance
- CPT 19325 Mammoplasty, augmentation; with prosthetic implant
- CPT 19342 Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
- CPT 19357 Correction of inverted nipples
- CPT 77424 Intraoperative radiation treatment delivery, x-ray, single treatment session
- CPT 77425 Intraoperative radiation treatment delivery, electrons, single treatment session

While ASTRO does not dispute the inclusion of these codes in the C-APC for IORT, we are concerned that this is not a complete list of all the ancillary services that are included in the provision of IORT. ***ASTRO is concerned that the omission of ancillary services has the potential to result in a significant underpayment for these services.***

Additionally, ASTRO has significant concerns about the misalignment between hospital billing practices and the C-APC policy, which will require hospitals to overhaul existing billing protocols or develop distinct billing protocols for certain services reported to a specific payer.

Stereotactic Body Radiation Therapy (77373)

In the CY 2015 final rule, CMS establishes the following criteria to evaluate whether to propose exceptions to the "two times" rule for the affected APCs: 1) resource homogeneity; 2) clinical homogeneity; 3) hospital outpatient setting utilization; 4) frequency of service (volume); and 5) opportunity for upcoding and coding fragments. Using this criteria, CMS grants an exception to

the "two-times rule" for APC 0066, as well as nine other APCs and will retain G0251 claims data in the rate setting for CPT code 77373. The CY 2015 payment rate for APC 0066 is $1,902.48, an increase from $1,248.28 in 2014. CMS announced in the final rule that it would delete G-codes 0173 and 0251 since they would no longer be used under the MPFS. However, the 2015 final MPFS does retain G0173 and G0251.

SRS and SBRT are precise and effective types of radiation therapy that use concentrated radiation beams in high doses to destroy tumors in difficult and hard to reach areas, such as the brain or spine, and other sites within the body. These forms of treatment are high-value services that achieve tumor eradication expediently and non-invasively.

ASTRO notes that the direct practice expenses for these services have been presented to the RUC/PE Subcommittee many times over the past several years. ***ASTRO continues to believe that the CPT codes accurately describe SRS/SBRT services and that the G codes are not needed. However, we recognize the issue is complicated and there is the potential for significant impact on radiation oncology practices if the G Codes are deleted. In addition, we note the apparent discrepancy between maintaining G0173 and G0251 in the 2015 MPFS final rule while deleting these G codes in the 2015 OPPS final rule. ASTRO urges CMS to clarify and, if needed, resolve this discrepancy.***

Proton Beam Therapy (77520-77525)

For CY 2015, CMS finalized changes to the APC configuration for proton services. The agency will reassign CPT code 77520 from APC 0664 to APC 0412 "Level III Radiation Therapy". CMS also finalized its decision to reassign CPT code 77522 from APC 0664 to renamed APC 0667 "Level IV Radiation Therapy". In conjunction with this change, CMS reassigns CPT codes 77522, 77523, and 77525 to APC 0667.

ASTRO is pleased with CMS's decision to reassign CPT code 77520 from APC 0664 to APC 0412 "Level III Radiation Therapy". However, we are disappointed in CMS's decision to finalize the reassignment of CPT code 77522 to APC 0667. ASTRO opposes the reassignment of CPT code 77522 to APC 0667 based on resource use and clinical similarity. CPT code 77522 can be used for relatively simple cases such as prostate cancer treatment. CPT code 77525 is used for more complex cases, such as those requiring treatment of the brain or spine. These high intensity cases often require anesthesia and involve significantly more staff and physician resources. Due to the significant differences in the clinical nature and resource intensity of the codes, we believe that it is inappropriate to assign CPT code 77522 to APC 0667. By including CPT code 77522 in APC 0667 CMS has potentially created an access to care issue in which physicians are discouraged from treating more complex cases because they are reimbursed the same amount for less complex cases.

LDR Prostate Brachytherapy Composite APC 8001

For 2015, CMS continues the composite APC policy that has been applied since 2008 for LDR Prostate Brachytherapy. Under this policy, the OPPS provides a single payment when the composite service, identified by CPT code 55875 (Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy) and CPT code 77778 (Interstitial radiation source application; complex), is furnished in a single hospital encounter. For the 2015 final rule, CMS calculates a geometric mean cost for composite APC 8001 of approximately $3,745 based on 406 claims containing both CPT codes 55875 and 77778. This is an increase from the proposed rate of $3,504.02 but a decrease of 4 percent over the 2014 rate of $3,884.64.

ASTRO appreciates CMS's efforts to mediate the impact of the proposed cut to LDR Prostate Brachytherapy Composite APC 8001; however, a 4 percent cut is still a significant concern. We urge CMS to monitor this APC closely. If the volume of claims data for this composite APC continues to drop, alternative rate setting methods may need to be explored to ensure continued patient access to this important service.

Insert Uteri Tandem/Ovoids (57155)

CMS finalized moving CPT code 57155 from APC 0193 "Level IV Female Reproductive Procedures" to APC 0192 "Level III Female Reproductive Procedures". This decision reduces the reimbursement rate from $1,375.20 in CY 2014 to $487.06 in CY 2015.

Over the past several years, this service has bounced between APC 0192 and 0193, experiencing significant payment fluctuations. ***ASTRO is disappointed in this decision to move CPT code 57155 from APC 0193 to 0192, as it results in a 65 percent reduction in reimbursement. ASTRO strongly urges CMS to reexamine APCs 0192, 0193, and 0202 "Level V Female Reproductive Procedures" to confirm that the assignment and distribution provides payment stability for those services assigned to these APCs.***

APC 0304 Level I Therapeutic Radiation Treatment Preparation

CMS issued final values for APC 0304 Level I Therapeutic Radiation Treatment Preparation which contains new isodose planning codes 77306, 77307, and 77316. Their predecessor isodose planning codes (77305, 77310, 77315 and 77326) were identified in the CPT frequently billed together screen with CPT 77300 basic dosimetry. The new codes include basic dosimetry; therefore, it is unnecessary for CMS to include 77300 in APC 0304. ***ASTRO urges CMS to remove 77300 from APC 0304 and reconsider the value applied to APC 0304, as it is already accounted for in CPT codes 77306, 77307 and 77316.***

Understanding the Different Resource Costs among Traditional Office, Facility and Off-Campus Provider-Based Settings

CMS finalized its decision to create a HCPCS modifier to be reported with every code for physician and hospital services furnished in an off-campus provider-based department of a hospital. The new 2-digit modifier that will be added to the HCPCS annual file as of January 1, 2015, with the label "PO," the short descriptor "Serv/proc off-campus pbd," and the long descriptor "Services, procedures and/or surgeries furnished at off-campus provider-based outpatient departments." Compliance with the new HCPCS modifier will be voluntary for 2015 and mandatory beginning in 2016.

With respect to professional claims, CMS will request two new place of service (POS) codes to replace POS 22 (Hospital Outpatient) through the POS Workgroup, one of which will identify off-campus provider-based departments. CMS indicated in the final rule that it does not expect the new codes to be available prior to July 1, 2015.

ASTRO is committed to working with CMS to understand the growth in hospital-based practices and their impact on Medicare payments. We appreciate CMS's recognition of the significant impact the application of a HCPCS modifier will have on current hospital bill system practices. ***However, ASTRO remains concerned that both the hospital and professional claims modifiers will be administratively burdensome.***

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

Respectfully,

Laura I. Thevenot
Chief Executive Officer