AMERICAN ASSOCIATION of PHYSICISTS IN MEDICINE

August 22, 2016

Andrew Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1654-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017 Proposed Rule; CMS-1654-P

Dear Administrator Slavitt:

The American Association of Physicists in Medicine (AAPM) [1] is pleased to submit comments to the Centers for Medicare and Medicaid Services (CMS) in response to the July 15, 2016 *Federal Register* notice regarding the 2017 Medicare Physician Fee Schedule (MPFS) proposed rule.

The AAPM appreciates that 2017 CMS proposals have minimum impact to radiation oncology procedures and services, however, we are concerned that CMS did not accept the RUC recommendations for several radiation oncology services.

I. Potentially Misvalued Services and Valuation of Interim & Proposed Radiation Oncology Codes

A. Radiation Treatment Device Codes (77332, 77333, 77334)

In 2015, the Radiation Treatment Device code set was identified by CMS as a potentially misvalued service through high expenditures by specialty screen. These services represent an incremental increase of complexity from the simple to the intermediate to the complex design of radiation treatment devices. The AMA Relative Value Scale Update Committee (RUC) recommended maintaining the existing work RVUs for Radiation Treatment Device codes 77332 (0.54 RVUs), 77333 (0.84 RVUs) and 77334 (1.24 RVUs).

[1] The American Association of Physicists in Medicine (AAPM) is the premier organization in medical physics, a broadly-based scientific and professional discipline encompassing physics principles and applications in biology and medicine whose mission is to advance the science, education and professional practice of medical physics. Medical physicists contribute to the effectiveness of radiological imaging procedures by assuring radiation safety and helping to develop improved imaging techniques (e.g., mammography CT, MR, ultrasound). They contribute to development of therapeutic techniques (e.g., prostate implants, stereotactic radiosurgery), collaborate with radiation oncologists to design treatment plans, and monitor equipment and procedures to insure that cancer patients receive the prescribed dose of radiation to the correct location. Medical physicists are responsible for ensuring that imaging and treatment facilities meet the rules and regulations of the U.S. Nuclear Regulatory Commission (NRC) and various State regulatory agencies. AAPM represents over 7,000 medical physicists.

CMS disagreed with the RUC recommended values for this code set and proposed that 77332 be crosswalked to the value for CPT code 93287 based on the same intraservice time, similar total time and similar intensity. CMS further supports their proposed valuation based on CPT 97760, which has similar time and intensity to CPT 77332. CMS proposes retaining the incremental increase for CPT codes 77333 and 77334 reflecting the increase in physician work.

CMS' states in the proposed rule that a 34 percent reduction in total time is not reflected in the recommended work RVUs, thus CMS believes that the recommended RVUs overstate the work involved. The RUC survey times and existing times are almost identical for 77332, identical for 77333 and greater for 77334 (see table below). These codes are designated as "XXX" global periods and do not include standard pre- or post-service packages.

CPT	RUC Survey Total Time	Existing Time
77332	25 minutes (5, 15, 5)	28 minutes
77333	33 minutes (8, 20, 5)	33 minutes
77334	45 minutes (10, 30, 5)	35 minutes

The AAPM disagrees with the CMS proposed reductions to work RVUs and believes that the RUC recommended values and related RUC surveyed time yields reasonable and appropriate intensities for these services.

The AAPM opposes the CMS proposed work RVU reductions and requests that CMS implement the RUC approved values of 0.54, 0.84 and 1.24 for CPT 77332, 77333 and 77334, respectively, which are supported by the RUC survey data.

B. Special Radiation Treatment Procedure Code (77470)

CMS identified the Special Radiation Treatment Procedure code (77470) as a potentially misvalued service through the high expenditure charges by specialty screen. CMS supports the RUC recommended work RVU of 2.03 but expressed concern regarding the description of service and associated vignette, which describe different and unrelated treatments. CMS seeks comment on this disparity and inquires if two HCPCS G-codes should be developed to describe the physician work and practice expense portions of this service.

The vignette for 77470 is based on a 68 year old male with stage IIIA non-small cell lung cancer treatment with preoperative chemoradiation. The description of physician work describes the work associated with a typical patient with this type and stage of cancer. The description of non-physician clinical labor (i.e. radiation therapist) is associated with a lung cancer patient that requires a special procedure. The direct practice expense inputs include the non-physician clinical labor and no medical supplies or equipment. A Special Radiation Treatment Procedure requires similar direct practice expense resources regardless of specific diagnosis.

The AAPM urges CMS to finalize the physician work RVU of 2.03 and practice expense inputs for CPT 77470. In addition, the AAPM opposes the development of new HCPCS G-codes to describe a Special Radiation Treatment Procedure (77470).

C. Interstitial Low Dose Rate Brachytherapy Code (77778)

In the 2016 MPFS final rule with comment period, CMS expressed concern regarding the recommended RUC work RVU valuation for CPT 77778. CMS questioned the reduction of time and the relationship to the RUC recommended work RVUs. The survey for CPT 77778 indicated a total service time of 220 minutes with a median work RVU of 8.78. The RUC reduced that time to 145 minutes but retained the work RVU at 8.78. CMS was unable to reconcile the RUC's decision to reduce the work time without also revising the work RVU. CMS established an interim work RVU of 8.00 for Complex Interstitial Low Dose Rate Brachytherapy (77778). The RUC recommended work RVU of 8.78 reflects a 20 percent reduction for bundling the supervision, handling, loading of radiation source (77790). The work associated with the procedure has not changed. The surveyed times are greater than the existing times. There is no appropriate rationale to reduce the value beyond the reduction the RUC had recommended for the bundled procedure. Further, there is physician work for supervising the ordering of radioisotopes but this was removed from the pre-service time.

The AAPM recommends that CMS reinstate the RUC approved work RVU of 8.78 for CPT 77778.

II. Valuing Services That Include Moderate Sedation

In the 2017 proposed rule, CMS is proposing values for the new CPT moderate sedation codes and proposing a uniform methodology for valuation of the procedural codes that currently include moderate sedation as an inherent part of the procedure. Specifically, CMS proposes to reduce the work RVU for radiation oncology related procedures 19298, 77371, 77600, 77605, 77610 and 77615 by 0.25 RVUs.

The AAPM reviewed the original work and practice expense documents and agrees with the American Society for Radiation Oncology (ASTRO) that these codes were not valued with moderate sedation.

The AAPM recommends that CMS maintain the current work RVUs for 19298, 77371, 77600, 77605, 77610 and 77615 and <u>not</u> implement a 0.25 work RVU reduction, as these codes were never valued with inherent moderate sedation.

III. Practice Expense Inputs for Digital Imaging Services

CMS stated in the 2016 MPFS final rule that the costs of the professional PACS workstation may be analogous to costs related to the use of film previously incorporated as direct practice expense inputs for these services. CMS solicited comments on whether including the professional PACS workstation as a direct practice expense input for these codes would be appropriate, given that the resulting practice expense RVUs would be assigned to the global and technical components of the codes. CMS is proposing to add the professional PACS workstation to many CPT codes in the 70000 series that use the current technical PACS workstation (ED050) and include professional work for which such a workstation would be used. In addition, CMS proposes to price the professional PACS workstation (ED053) at $14,616.93. CMS is not proposing a change in price for the current technical PACS workstation (ED050), which will remain at a price of $5,557.00.

The AAPM supports the CMS professional PACS workstation (ED053) proposal and associated price of $14,616.93.

IV. Appropriate Use of Diagnostic Imaging

The Protecting Access to Medicare Act of 2014 establishes a program to promote the use of appropriate use criteria (AUC) for advanced diagnostic imaging services. The 2017 MPFS proposed rule focuses on the next component of the Medicare AUC program and includes proposals for priority clinical areas, clinical decision support mechanism (CDSM) requirements, the CDSM application process, and exceptions for ordering professionals for whom consultation with AUC would pose a significant hardship. AAPM supports the use of clinical practice guidelines and appropriate use criteria from provider-led entities, for example the American College of Radiology.

The AAPM supports the appropriate use of diagnostic imaging.

Appropriate payment for medical physics services, radiology and radiation oncology procedures is necessary to ensure that Medicare beneficiaries continue to have full access to diagnostic imaging and high quality cancer treatments. We hope that CMS will consider these issues for the 2017 Physician Fee Schedule final rule. Should CMS staff have additional questions, please contact Wendy Smith Fuss, MPH at (561) 637-6060.

Sincerely,

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