



December 17, 2015

Andrew Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1633-FC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Final Rule with comment period; CMS-1633-FC

Dear Administrator Slavitt:

The American Association of Physicists in Medicine¹ (AAPM) is pleased to submit comments¹ to the Centers for Medicare and Medicaid Services (CMS) in response to the November 13, 2015 *Federal Register* notice regarding the 2016 Medicare Hospital Outpatient Prospective Payment System (HOPPS) final rule with comment period. The AAPM will provide additional comments regarding Comprehensive APC 5627 *Level 7 Radiation Therapy*, which applies to single session cranial stereotactic radiosurgery (SRS).

COMPREHENSIVE APC 5627 LEVEL 7 RADIATION THERAPY

In the 2016 HOPPS final rule CMS continues the policy of applying a Comprehensive APC to single session cranial stereotactic radiosurgery (CPT 77371 and 77372). CMS reported irregularities in the 2014 claims data and, to obtain better data, proposed removing a set of planning and preparation codes from Comprehensive APC 5627 *Level 7 Radiation Therapy*.

CMS finalized the proposal to remove planning and preparation services identified by 10 specific HCPCS codes (see below) from the geometric mean cost calculations for C-APC 5627 *Level 7 Radiation Therapy*. In addition, for 2016 and 2017, CMS will separately pay for planning and preparation services adjunctive to the delivery of the SRS treatment through either modality, regardless of whether they are furnished on the same date of service as the primary “J1” SRS service.

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.

CT localization (CPT 77011 and 77014)

- MRI imaging (CPT 70551, 70552 and 70553)
- Clinical treatment planning (CPT 77280, 77285, 77290 and 77295)
- Physics consultation (CPT 77336)

The AAPM has concerns about this policy.

- 1) Use of IMRT planning (CPT 77301) has become more common in single fraction radiosurgery treatment planning, so the AAPM feels that its omission from the list of planning and preparation codes subject to separate payment in 2016 and 2017 was inappropriate.
- 2) Single fraction stereotactic radiosurgery is occasionally delivered concurrently with another course of radiation therapy. The AAPM is concerned that treatment sites other than the radiosurgery site will thus appear on some claims and that this will result in incorrect payments and poor data for use in future rulemaking.
- 3) The AAPM is concerned that the existence of a variety of claim durations and claim processes will lead to incorrect coding. The "CP" modifier will create an added administrative burden and be difficult to correctly code for those hospitals that lack direct knowledge of which codes are ancillary to which. We believe that this policy will result in poor quality data.

In 2016, CMS will require hospitals to report a modifier identifying specific adjunctive services furnished prior to the SRS treatment delivery. This is for data collection purposes, to better estimate payments under an encounter-based comprehensive APC. While AAPM does support CMS's efforts to better capture the costs of adjunctive services involved in providing primary services, we do not support this 2016 modifier policy. The addition of an even more complex system of modifiers will not bring accuracy to the data collected nor clarity to the payment process.

AAPM believes that the recent experience with bundling related to this comprehensive APC has been unnecessarily complex and has clearly caused both confusion and inaccuracy in coding for stereotactic radiosurgery procedures. CMS should convene stakeholders in 2016 to discuss the goals of this C-APC process and develop recommendations as to how those goals could realistically be achieved.

We hope that CMS will consider these issues during the development of the 2017 HOPPS/ASC proposed rule. Should CMS staff have additional questions, please contact Wendy Smith Fuss, MPH at (561) 637-6060.

Sincerely,



John M. Boone, Ph.D., FAAPM, FSBI, FACR
President



Blake Dirksen, M.S.
Chair, Professional Economics Committee