

ASTRO Urges OMB to Avert the Proposed Medicare Payment Cuts

The administration is facing pressure from lawmakers and radiation oncologists to back off a proposed \$300 million Medicare payment cut for certain radiation treatments, with the American Society for Radiation Oncology (ASTRO) telling White House Office of Management and Budget officials that the cuts could lead to clinic closures and consolidations which would decrease patient access to freestanding cancer centers.

Radiation oncologists and other stakeholders are hopeful CMS will agree it erred in basing the proposed cuts on educational materials designed for patients rather than analyzing other data and will reverse or significantly alter the cuts in the final Medicare payment rule. ASTRO intimated that if CMS does not alter its proposal the next step potentially could be legislation.

In the Medicare Physician Fee Schedule proposed rule CMS adjusted the procedure time assumptions for intensity modulated radiation therapy (IMRT) delivery from 60 minutes down to 30 minutes, and for stereotactic body radiation therapy (SBRT) delivery from 90 minutes to 60 minutes. CMS noted that these procedures had been marked as "potentially misvalued." The Agency stated that the proposed times better reflect current practice as represented in publicly available patient education materials. The proposed changes would mean a 40 percent reduction for IMRT delivery reimbursement and 28 percent reduction for SBRT delivery reimbursement.

The Cancer Leadership Council, which includes ASTRO and several cancer patient advocacy groups, also urged CMS to reconsider the decision to base reimbursement decision on patient education material.

ASTRO's efforts to avert the proposed Medicare cuts have been supported by bipartisan letters to CMS from both chambers of Congress, including one from Sens. Debbie Stabenow (D-MI) and Richard Burr (R-NC) that has 28 co-signers, and another from Reps. Joe Pitts (R-PA) and Frank Pallone (D-NJ) that has 104 co-signers from both parties asking CMS to re-evaluate its decision.