

## Lawmakers Argue Against Proposed Pay Cut to Radiation Oncologists

Bipartisan groups of lawmakers in both chambers are urging the Centers for Medicare and Medicaid Services (CMS) not to implement proposed cuts in reimbursement for several radiation treatment delivery procedures. The lawmakers take issue with CMS' justification for one technical element of the proposal that the vault housing a linear accelerator is indistinguishable from the medical-office buildings to which they join and therefore are not a direct practice expense.

CMS' decision in the proposed 2015 Medicare Physician Fee Schedule to remove radiation treatment vaults as a direct cost for radiation treatment codes would cut average Medicare reimbursement for radiation oncology services by 4 percent, and that's on top of the 20 percent in pay cuts to radiation oncology services over the past five years, according to lawmakers. Senators Debbie Stabenow (D-MI) and Richard Burr (R-NC), and House Representative Devin Nunes (R-CA) and Paul Tonko (D-NY) are circulating sign-on letters in their respective chambers. House Energy & Commerce health subcommittee Chair Joe Pitts (R-PA) and ranking Democrat Frank Pallone (D-NJ) sent a separate solo letter making the same arguments.

The lawmakers write that the proposed payment policy change would hurt freestanding cancer therapy centers, which are expected to suffer a 6 percent reduction in 2015 Medicare

payments, and they note that those centers often are located in areas where hospitals with similar technology are few and far between. Industry predicts that, when combined with other proposed pay cuts for radiation oncology services, one-third of freestanding centers could shut down, which would push radiation treatments into hospitals where Medicare pays significantly more for the same services.

Cancer patients are treated in a linear accelerator that is located in what radiation oncologists call a vault. CMS officials say they cannot distinguish the vaults from the rest of the medical office buildings and imaging equipment so they're proposing to classify vaults as an indirect practice expense. The treatment vault is not viewed by CMS as a direct cost because it appears to be more similar to building infrastructure costs than to medical equipment costs, the proposed rule states, and it is difficult to distinguish the cost of the vault from the cost of the building.

In a letter to CMS Senators Stabenow and Burr argue that the vault is distinguishable from rest of the building. "Not only is the vault distinct from medical imaging treatment room, as it is designed and constructed to ensure the safe delivery of radiation therapy for the specific radiation machine it is built to house."