



American Association of Physicists in Medicine

One Physics Ellipse
College Park, MD 20740-3846
(301) 209-3350
Fax (301) 209-0862
<http://www.aapm.org>

January 21, 2014

Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1601-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-1601-FC

Dear Administrator Tavenner:

The American Association of Physicists in Medicine¹ (AAPM) is pleased to submit comments to the Centers for Medicare and Medicaid Services (CMS) in response to the December 10, 2013 *Federal Register* notice regarding the 2014 Medicare Hospital Outpatient Prospective Payment System (HOPPS) and Ambulatory Surgical Center Payment System (ASC) final rule.

AAPM is grateful that CMS did not implement the proposal to expand packaging of ancillary services in 2014. We understand that the agency may reexamine this group of services to determine which services are best described as ancillary services and packaged under a different policy.

The AAPM would like to reiterate our concerns regarding the impact on patients and funding of medical physics in radiation oncology if the medical physics codes 77336 and 77370 were packaged under the HOPPS.

- 77336 Continuing medical physics consultation
- 77370 Special medical radiation physics consultation

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.

The medical physics services covered by codes 77336 and 77370 are not ancillary to the radiation therapy procedures described in the 2014 HOPPS proposed rule. They describe medical physics services that are provided to radiation therapy patients who are under treatment and are separate and distinct from those that cover the planning and delivery of radiation therapy treatments. Packaging these services would have far reaching implications and will result in financial pressures and workflow modifications that will harm patient care and safety.

First, packaging would create a situation where the date of service or billing date becomes a primary determinant of whether a code will be paid separately or not. This would create incentives for hospital radiation therapy departments to schedule and bill services so as to maximize reimbursement at the expense of patient care. To this end, it would encourage departments to change workflows in a way that would compromise medical physics oversight and patient safety. This would result in distorted, substandard radiation oncology services provided to the patient and disruption to the process of care.

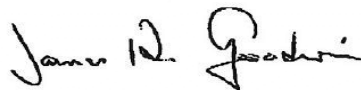
Second, the packaging of medical physics consultation codes (i.e., 77336 and 77370) would lead to a loss of direct financial accountability of medical physicist work and would significantly reduce medical physics resources around the country. Hospital administrators would no longer be able to track the work and revenue associated with our sub-specialty. If hospital administrators cannot track reimbursement performance for a line of services, they are motivated to reduce those services. In this case, the implication is that Medicare patients may no longer have adequate access to the critical oversight that medical physicists provide to ensure the accuracy of both the planning and delivery phases of radiation therapy treatments.

Third, the reluctance or inability of departments to bill for separate CPT codes included in packaged services that will not be paid separately will skew the hospital data on patient charges and work performed that CMS collects and uses each year to set reimbursement levels. This could result in inaccuracies in the data used for the calculation of the payments for radiation therapy services in future years.

AAPM strongly opposes any future packaging of medical physics consultation codes 77336 and 77370. AAPM recommends that CMS permanently assign status indicator "S" to the medical physics consultation codes 77336 and 77370 in 2015 under the HOPPS.

We hope that CMS will consider these issues in future rulemaking.

Sincerely,



James Goodwin, M.S.
Chair,
Professional Economics Committee