

Radiation Oncologists Pleased CMS Backed Down On Payment Cuts

Groups representing the nation's radiation oncologists praised the Centers for Medicare and Medicaid Services (CMS) for listening to their concerns and reducing proposed cuts to industry by more than half in the Medicare Physician Fee Schedule (MFPS) final rule. CMS had proposed a cut of 15 percent for radiation oncologists and 19 percent for freestanding cancer centers but mitigated the impact to 7 percent and 9 percent overall, respectively, in the final rule. The Radiation Therapy Alliance (RTA) says the cuts in the final rule equate to about \$140 million in 2013, compared to the estimated \$300 million hit in the proposed rule.

Michael Steinberg, chairman of the board for the American Society for Radiation Oncology (ASTRO), said his group appreciates CMS taking the time to listen to its comments as well as the assistance from members of Congress who had expressed support for the industry's position in letters to CMS.

CMS had called for adjusting the time assumptions for intensity modulated radiation therapy (IMRT) from 60 minutes to 30 minutes, and the time for stereotactic body radiation therapy (SBRT) from 90 minutes to 60 minutes. The agency acknowledged in the proposed rule that it had based the new procedure times on publicly available patient education materials. Several stakeholders blasted CMS' use of brochures to consider complex reimbursement issues, rather than relying upon its traditional methods.

Bipartisan members of Congress from both chambers had also urged CMS to reconsider the proposed payment cuts' impact on patient access to the services.

In the final rule, CMS finalized its proposal regarding procedure time assumptions, but increased reimbursement for certain other practice expense inputs, including adding several pieces of equipment and additional non-physician clinical labor time for radiation therapists and medical physicists, which mitigated the proposed payment cuts.

Both ASTRO and RTA said the groups remain concerned about the overall level of cuts to radiation, but look forward to working with CMS to ensure reimbursements are appropriate. The groups also expressed interest in working on payment reform models. RTA intends to work with CMS on a radiation bundling project that would pay for episodes of treatment and related services.