



2019 Coding & Documentation Updates Part I & II

2019 Radiation Oncology Conference for
Therapists & Dosimetrists
September 6, 2019

Presenter

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Disclaimer

This presentation was prepared as a tool to assist attendees in learning about documentation, charge capture and billing processes. It is not intended to affect clinical treatment patterns. While reasonable efforts have been made to assure the accuracy of the information within these pages, the responsibility for correct documentation and correct submission of claims and response to remittance advice lies with the provider of the services. The material provided is for informational purposes only.

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Objectives

Discuss the HOPPS Proposed Rule Items

Discuss the MPFS Proposed Rule Items

Discuss the Proposed RO Model for 2020

Federal Register

- Document actions of Federal agencies and forum for public review and comment
- Publications include: Presidential Documents, Rule & Regulations, Proposed Rules and Notices



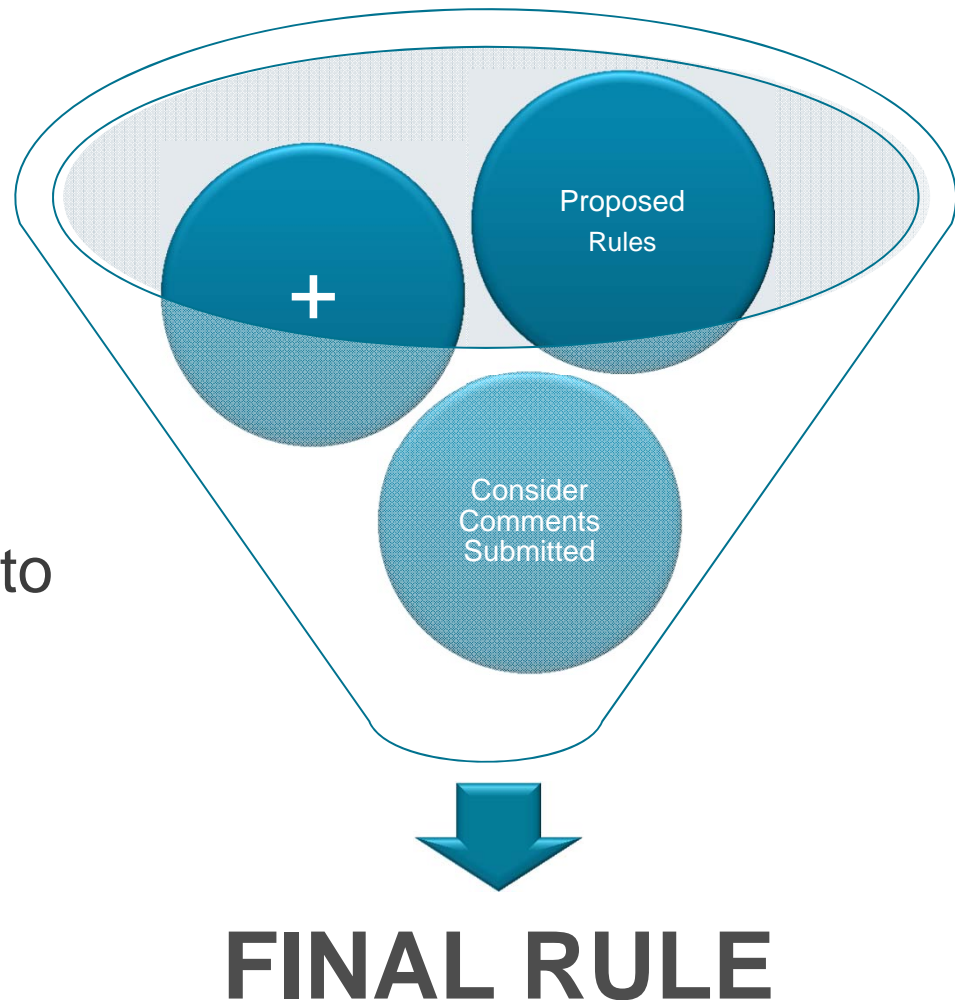
Proposed vs. Final Rule

Proposed Rule:

- CMS plans, goals, solutions to problems and proposed rulemaking
- Opportunity for public to make comments

Final Rule:

- Final legal effect after consideration of comments



HOPPS Proposed Rule CY 2020



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Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; etc.

<https://www.federalregister.gov/documents/2019/08/09/2019-16107/medicare-program-proposed-changes-to-hospital-outpatient-prospective-payment-and-ambulatory-surgical>



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HOPPS Payment Rates

- Proposed 2.7% increase to Outpatient Department (OPD) fee schedule
- Payments in CY 2020 are expected to be ~\$79 billion, increase of ~\$6 billion from CY 2019 OPPS payments
- Conversion Factor (CF) to increase from CY 2019 to equal \$81.398
- Proposed 2.0% reduction for hospitals failing to meet outpatient quality reporting requirements (CF = \$79.770)
- Rural adjustment factor proposed to remain 7.1%
- Frontier states to continue wage index of 1.000



2019-2020 Proposed Hospital Outpatient Prospective Payment System Course Example Impacts

Type	HOPPS 2019 Course Medicare Allowable	HOPPS 2020 Course Medicare Allowable	2019 - 2020 Final Rule Variance	2019- 2020 Final Rule % Change
2D - 10 fxs	\$4,340.86	\$4,593.66	\$252.80	5.82%
3D - w/ imaging (33 fxs)	\$12,824.22	\$13,580.19	\$755.97	5.89%
IMRT - Simple 44 fxs	\$28,513.19	\$29,971.27	\$1,458.08	5.11%
IMRT - Complex 30 fxs	\$19,626.28	\$20,641.46	\$1,015.18	5.17%
SRS- Linac	\$9,783.48	\$10,256.16	\$472.68	4.83%
SRS- Cobalt (Same Day)	\$9,461.66	\$9,916.96	\$455.30	4.81%
SRS- Cobalt Frameless	\$9,783.48	\$10,256.16	\$472.68	4.83%
SBRT Linac 5 Fractions Cranial	\$16,271.19	\$17,169.56	\$898.37	5.52%
SBRT - 5 Fraction Lung	\$15,627.55	\$16,491.16	\$863.61	5.53%
SBRT - Cobalt 5 Fractions	\$15,949.37	\$16,830.36	\$880.99	5.52%
Proton - 25 Fractions	\$29,990.08	\$33,228.76	\$3,238.68	10.80%
Prostate - HDR	\$9,839.90	\$10,531.07	\$691.17	7.02%
Prostate - LDR	\$9,563.33	\$9,921.86	\$358.53	3.75%
GYN - T&O - HDR	\$13,895.95	\$15,105.60	\$1,209.65	8.71%
GYN - Cylinder 1 Chan- HDR	\$5,703.69	\$6,051.17	\$347.48	6.09%
GYN - Cylinder Multi Chan - HDR	\$5,703.69	\$6,051.17	\$347.48	6.09%
APBI Single Channel - HDR	\$10,992.33	\$12,073.59	\$1,081.26	9.84%
APBI Multi Channel - HDR	\$10,992.33	\$12,073.59	\$1,081.26	9.84%
Skin Single Channel - HDR	\$6,926.82	\$7,488.15	\$561.33	8.10%

Cancer Hospital Payment

- Proposed 0.89 PCR adjustment CY 2020

**TABLE 6.—ESTIMATED CY 2020 HOSPITAL-SPECIFIC PAYMENT
ADJUSTMENT FOR CANCER HOSPITALS TO BE PROVIDED AT COST
REPORT SETTLEMENT**

Provider Number	Hospital Name	Estimated Percentage Increase in OPPS Payments for CY 2020 due to Payment Adjustment
050146	City of Hope Comprehensive Cancer Center	36.7%
050660	USC Norris Cancer Hospital	23.0%
100079	Sylvester Comprehensive Cancer Center	23.3%
100271	H. Lee Moffitt Cancer Center & Research Institute	7.1%
220162	Dana-Farber Cancer Institute	37.6%
330154	Memorial Sloan-Kettering Cancer Center	49.7%
330354	Roswell Park Cancer Institute	22.1%
360242	James Cancer Hospital & Solove Research Institute	22.4%
390196	Fox Chase Cancer Center	10.7%
450076	M.D. Anderson Cancer Center	43.7%
500138	Seattle Cancer Care Alliance	51.9%

Proposed Supervision Changes

- Nonenforcement ending 12/31/19 for CAHs and rural hospitals with 100 or fewer beds
- 2 tiers of supervision for same services, no data to support issues currently under General
- Proposing to change to General Supervision
 - Would not prevent hospitals from providing services under direct supervision
- Seeking comments whether chemotherapy administration and radiation therapy services should be excepted from proposed change
 - Still require direct supervision

Removal Bone Mets Measure

- Proposing removing OP-33: External Beam Radiotherapy (NQF# 1822) for CY 2022 payment determination period
- More questions received on measure than all others
- Requires full medical record review to determine numerator and denominator
 - Makes this too labor intensive and burdensome
 - Considers data to still be important

Public Listing Standard Charges

- Not new, proposing changes
- 9 new areas proposed for changes, few highlights
 - Definition of hospital “items and services” would include all items and services (both itemized and packaged) provided by the hospital for inpatient or outpatient services
 - Requirements of machine-readable file, contains a hospital’s gross charges and payer-specific negotiated charges for all items and services provided by the hospital;
 - Requirements for making public payer-specific negotiated charges for select “shoppable” services, displayed and packaged in a consumer-friendly manner
 - Monitoring for hospital noncompliance with public disclosure requirements to make public standard charges;
 - Address hospital noncompliance, issuing a written warning notice, requesting a corrective action plan, and imposing civil monetary penalties (CMPs) on noncompliant hospitals and publicizing these penalties on a CMS website; and

Standard Charges Details

- Report format = XML, JSON or .CSV, but pdfs not allowed
- Identified 70 most “shoppable” services to be posted
- Hospitals select minimum additional 230 (identified by primary CPT®, HCPCS and DRG codes) to reach a total of 300 made public
- Updated once every 12-month period
- Displayed prominently on hospital website
 - No login or personal info required to access
- \$300 maximum daily penalty proposed

Submitting Comments

- Comments to CMS regarding the MPFS proposed rule must refer to file code
 - **CMS-1717-P**
- Received **no later** than 5 pm EST September 27, 2018.
- Electronic submission is encouraged by CMS, <http://www.regulations.gov>
- Follow the instructions under the “submit a comment” tab

MPFS Proposed Rule CY 2020



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Medicare Program: CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; etc.

<https://www.federalregister.gov/documents/2019/08/14/2019-16041/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>



Conversion Factor Update

- CF begins 0% increase in 2020 extends through – 2025
 - Some adjustments may occur due to budget neutrality or other factors (misvalued codes etc.) to remain neutral
 - Additional payments based on Quality Payment Program (MIPS)
- 2026 and beyond payments on participation in APMs
 - 0.75% update for qualifying APMs
 - 0.25% update for non-qualifying APMs

Calculating Conversion Factor

- Budget neutrality factor to maintain budget within +/- \$20 million

TABLE 108: Calculation of the Proposed CY 2020 PFS Conversion Factor

CY 2019 Conversion Factor		36.0391
Statutory Update Factor	0.00 percent (1.0000)	
CY 2020 RVU Budget Neutrality Adjustment	0.14 percent (1.0014)	
CY 2020 Conversion Factor		36.0896

MPFS Payment Impact Table

TABLE 110: CY 2020 PFS Estimated Impact on Total Allowed Charges by Specialty

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact**
Radiation Oncology and Radiation Therapy Centers	\$1,756	0%	0%	0%	0%

** Column F may not equal the sum of columns C, D, and E due to rounding.

CY 2020 Proposed Rule MPFS Global Non-Facility Course Compare

Type	2019 Course Collections - CF = \$36.0391	2020 Course Collections - CF = \$36.0896	2019 - 2020 Proposed Variance	
	Global	Global	Global	Global % Change
2D 10 fxs	\$5,075.03	\$5,011.40	-\$63.62	-1%
3D w/IGRT 33 fxs	\$16,892.97	\$16,771.92	-\$121.05	-1%
3D - w/out IGRT 25 fxs	\$10,816.42	\$10,677.11	-\$139.31	-1%
IMRT 44 fxs	\$26,400.08	\$26,566.28	\$166.19	1%
IMRT 30 fxs	\$23,268.64	\$23,455.71	\$187.07	1%
SRS - Linac	\$4,840.77	\$4,749.03	-\$91.74	-2%
SBRT Linac 5 Fractions	\$11,551.61	\$11,052.80	-\$498.81	-4%
APBI Single Cath	\$7,408.56	\$7,465.49	\$56.94	1%
APBI MultiCath	\$10,255.29	\$10,230.68	-\$24.61	0%
Prostate - HDR	\$5,471.82	\$5,416.33	-\$55.49	-1%
Prostate - LDR	\$2,613.92	\$2,643.20	\$29.29	1%
GYN T&O - HDR	\$8,196.73	\$8,202.44	\$5.71	0%
GYN Cyl 1 Chan HDR	\$3,628.06	\$3,672.12	\$44.06	1%
GYN Multi Chan HDR	\$4,527.23	\$4,550.18	\$22.95	1%

G-codes in 2020

- Set to expire 12/31/19
- Proposing continue to use G-codes with current work RVUs, direct PE inputs, no end date proposed

Service Description		TOTAL NON-FACILITY RVUs		
HCPCS	DESCRIPTION	2019 RVU Totals	2020 RVU Totals	Diff
G6001	Echo guidance radiotherapy	2.33	3.30	0.97
G6002	Stereoscopic x-ray guidance	2.15	2.13	(0.02)
G6003	Radiation treatment delivery	5.53	5.24	(0.29)
G6004	Radiation treatment delivery	4.05	3.96	(0.09)
G6005	Radiation treatment delivery	4.05	3.96	(0.09)
G6006	Radiation treatment delivery	4.04	3.97	(0.07)
G6007	Radiation treatment delivery	7.66	7.44	(0.22)
G6008	Radiation treatment delivery	5.59	5.47	(0.12)
G6009	Radiation treatment delivery	5.56	5.43	(0.13)
G6010	Radiation treatment delivery	5.56	5.43	(0.13)
G6011	Radiation treatment delivery	7.56	7.35	(0.21)
G6012	Radiation treatment delivery	7.41	7.26	(0.15)
G6013	Radiation treatment delivery	7.42	7.27	(0.15)
G6014	Radiation treatment delivery	7.42	7.27	(0.15)
G6015	Radiation tx delivery imrt	10.06	10.20	0.14
G6016	Delivery comp imrt	10.03	10.17	0.14
G6017	Intrafraction track motion	0	0.00	0.00

E/M Changes for 2021

- CMS proposing to cancel finalized E/M changes for 2021 and align with AMA changes instead
- After several stakeholder meetings a lot of pushback on single level reimbursement for levels 2-4
 - Concerns basic work done due to criteria must meet low level, no incentive to do more work as needed

CMS Proposed E/M Changes

- **Assign** separate reimbursement amounts to each visit code level instead of one rate for levels 2-4, except code 99201 which will be deleted in CY 2021
- **Recognition and reimbursement** for the new prolonged visit add-on code (CPT® code 99XXX) and allow for it to be used with levels 2-4 as well as level 5
- **Deletion** of HCPCS add-on code for extended visits, GPRO1
- **Elimination** of history and/or physical exam in determining billable code level
- **Removal** of requirement for the number of body systems reviewed to be documented and only included as pertinent to the visit itself
- **Establishing** Level 1 visits (99211) to describe or include those visits performed only by clinical staff for established patients
- **Coding** for visit levels based on medical decision making (MDM) or time (both face-to-face and non-face-to-face on same date as visit) personally spent by billing provider
- **Consolidate** and revalue primary care and non-procedural medical care codes (GPC1X and GCG0X)
- **Adopting** the prefatory language and interpretive guidance framework established by the AMA, <https://www.ama-assn.org/cpt-evaluation-andmanagement> to assist with conformity and reduce burden to providers

Prolonged Services E/M

- New code 99XXX
- *Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)*

TABLE 26: Total Proposed Practitioner Times for Office/Outpatient E/M Visits When Time Is Used to Select Visit Level

Established Patient Office/Outpatient E/M Visit (Total Practitioner Time, When Time is Used to Select Code Level)	CPT code
40–54 minutes	99215
55-69 minutes	99215x1 and 99XXXx1
70-84 minutes	99215x1 and 99XXXx2
85 or more minutes	99215x1 and 99XXXx3 or more for each additional 15 minutes
New Patient Office/Outpatient E/M Visit (Total Practitioner Time, When Time is Used to Select Code Level)	CPT code
60-74 minutes	99205
75-89 minutes	99205x1 and 99XXXx1
90-104 minutes	99205x1 and 99XXXx2
105 or more minutes	99205x1 and 99XXXx3 or more for each additional 15 minutes

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Proposed RO Model



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Medicare Program: Specialty Care Models to Improve Quality of Care and Reduce Expenditures


<https://www.federalregister.gov/documents/2019/07/18/2019-14902/medicare-program-specialty-care-models-to-improve-quality-of-care-and-reduce-expenditures>



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Why Radiation Oncology?

- 
- Provide highly technical, well-defined episodes of care
 - Nearly 2/3 of all patients treated for cancer, treated with radiation
 - Comorbidities of patient rarely influence selected treatment
 - Projected potential savings = \$260 million

Claims Data Analysis

- Concerns with trends of analyzed claims January 1, 2015 - January 1, 2017
- National episodes of care
 - Hospital outpatient departments (HOPDs) provided 64% & freestanding centers provided 36%
- Freestanding centers furnished and billed for higher volumes of services than HOPDs
 - On average freestanding centers were paid 11% more than HOPDs
 - Could not find clinical rationale for billing of more services in the freestanding center vs. the HOPD
- Freestanding centers used more IMRT and performed more fractions of treatment than HOPDs
- CYs 2000-2010 billing for radiation treatments increased 8.2% & Medicare Part B spending increased 216%.
 - Most of the increase is attributed to the start and increase in IMRT utilization.
 - Proton beam therapy (PBT) also had dramatic increases.
 - CMS could not assess through claims data why the explosion of PBT

Timeline of RO Model

Begin either
January 1, 2020

Or

April 1, 2020

End

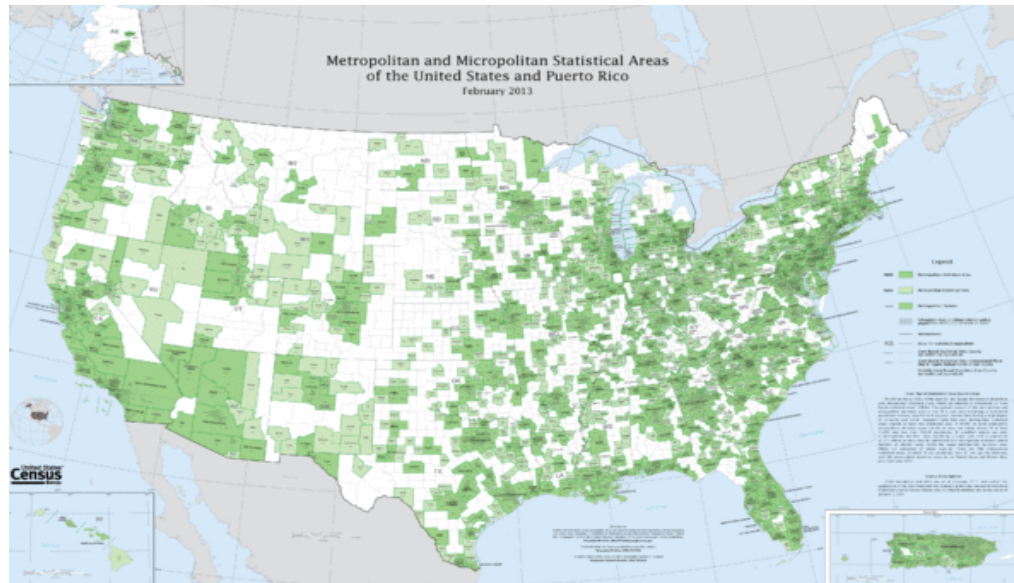
December 31, 2024

Seeking Comments on when to begin



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- Core Based Statistical Areas (CBSAs)
 - Linked by zip codes on claim forms
 - Randomly selected would be required to participate, others would continue to bill under FFS as “control group”
- 3 categories of participants
 - Professional participants
 - Technical participants
 - Dual participants

Participants

Professional Participant

- Medicare-enrolled physician group practice (PGP), identified by a single TIN, furnishes only the professional component of RT services in facility or non-facility

Technical Participant

- Medicare-enrolled HOPD or freestanding radiation therapy center, identified by a single CMS Certification Number (CCN) or TIN, which furnishes only the technical component of RT services

Dual Participant

- Furnishes both the professional component and technical component of an episode for RT services through a freestanding radiation therapy center, identified by a single TIN

Excluded Participants

- State of Maryland
 - Excluded due to statewide payment model
- State of Vermont
 - Excluded due to All-Payer ACO (Affordable Care Organization)
- U.S. Territories
 - Due to low volume of radiation oncology services provided
- Ambulatory surgical centers (ASCs)
 - Due to low volume of radiation oncology services provided
- Critical access hospitals (CAHs)
 - Due to differences in how payments are made by CMS currently
- Prospective Payment System (PPS)-exempt cancer hospitals
 - Due to differences in how payments are made by CMS currently
- Participates in or identified as eligible to participate in Pennsylvania Rural Health Model
 - Participants that are eligible could be added at any time which could create overlap

Beneficiary Criteria

- **Included** in RO Model if...
 - Receives radiation oncology services in zip code linked to randomly selected CBSA
 - At time of treatment planning is provided the service by a RO participant and
 - The beneficiary is eligible for Medicare Part A and enrolled in Medicare Part B
 - Beneficiary has traditional Medicare FFS as primary payer
 - Participating in a clinical trial for RT services that Medicare pays routine costs
- **Excluded** from RO Model if...
 - Enrolled in Medicare managed care organization, including but not limited to Medicare advantage plans
 - Enrolled in PACE plan
 - Not in a Medicare hospice benefit period
 - Covered under United Mine Workers
- Beneficiaries would not be able to opt-out of RO Model if criteria met

17 Cancer Types

- The cancer types were selected based on three main criteria:
 - All are commonly treated with radiation;
 - Make up the majority of all incidence of cancer types; and
 - Have demonstrated pricing stability
- Exclusions include
 - Benign neoplasms
 - Cancers rarely treated with radiation
 - Skin cancer diagnoses
- Changes posted 30 days prior to start of each PY

**TABLE 1: IDENTIFIED CANCER TYPES AND CORRESPONDING
ICD-9 AND ICD-10 CODES**

Cancer Type	ICD-9 Codes	ICD-10 Codes
Anal Cancer	154.2x, 154.3x	C21.xx
Bladder Cancer	188.xx	C67.xx
Bone Metastases	198.5x	C79.5x
Brain Metastases	198.3x	C79.3x
Breast Cancer	174.xx, 175.xx, 233.0x	C50.xx, D05.xx
Cervical Cancer	180.xx	C53.xx
CNS Tumors	191.xx, 192.0x, 192.1x, 192.2x, 192.3x, 192.8x, 192.9x	C70.xx, C71.xx, C72.xx
Colorectal Cancer	153.xx, 154.0x, 154.1x, 154.8x	C18.xx, C19.xx, C20.xx
Head and Neck Cancer	140.xx, 141.0x, 141.1x, 141.2x, 141.3x, 141.4x, 141.5x, 141.6x, 141.8x, 141.9x, 142.0x, 142.1x, 142.2x, 142.8x, 142.9x, 143.xx, 144.xx, 145.0x, 145.1x, 145.2x, 145.3x, 145.4x, 145.5x, 145.6x, 145.8x, 145.9x, 146.0x, 146.1x, 146.2x, 146.3x, 146.4x, 146.5x, 146.6x, 146.7x, 146.8x, 146.9x 147.xx, 148.0x, 148.1x, 148.2x, 148.3x, 148.8x, 148.9x, 149.xx, 160.0x, 160.1x, 160.2x, 160.3x, 160.4x, 160.5x, 160.8x, 160.9x, 161.xx, 195.0x	C00.xx, C01.xx, C02.xx, C03.xx, C04.xx, C05.xx, C06.xx, C07.xx, C08.xx, C09.xx, C10.xx, C11.xx, C12.xx, C13.xx, C14.xx, C30.xx, C31.xx, C32.xx, C76.0x
Kidney Cancer	189.0x	C64.xx
Liver Cancer	155.xx, 156.0x, 156.1x, 156.2x, 156.8x, 156.9x	C22.xx, C23.xx, C24.xx
Lung Cancer	162.0x, 162.2x, 162.3x, 162.4x, 162.5x, 162.8x, 162.9x, 165.xx	C33.xx, C34.xx, C39.xx, C45.xx
Lymphoma	202.80, 202.81, 202.82, 202.83, 202.84, 202.85, 202.86, 202.87, 202.88, 203.80, 203.82, 200.0x, 200.1x, 200.2x, 200.3x, 200.4x, 200.5x, 200.6x, 200.7x, 200.8x, 201.xx, 202.0x, 202.1x, 202.2x, 202.4x, 202.7x, 273.3x	C81.xx, C82.xx, C83.xx, C84.xx, C85.xx, C86.xx, C88.xx, C91.4x
Pancreatic Cancer	157.xx	C25.xx
Prostate Cancer	185.xx	C61.xx
Upper GI Cancer	150.xx, 151.xx, 152.xx	C15.xx, C16.xx, C17.xx
Uterine Cancer	179.xx, 182.xx	C54.xx, C55.xx

Episode Length & Triggers

- Episodes would last 90 days
- Designated HCPCS codes per cancer type
- Modifiers for start (SOE) and end (EOE) of episode
- Professional participant will start the episode then Technical or Dual participant has 28 days to report start of technical portion
- Episode ends 89 days after the participant initiates after completing the Clinical Treatment Plan

Patient seen in consult – notified of RO Model and financial obligation – E/M visit code billed under FFS



Day 1 = Professional participant completes CTP to initiate episode – Bills designated HCPCS code & SOE modifier

Technical or Dual participant has 28 days to submit HCPCS code and SOE modifier to initiate technical portion

Day 90 (89 Days later) = Professional and Technical or Dual participant submit same original HCPCS code and EOE modifier to complete episode of care

Day 91 = Begins 28-day clean period. Another 90-day episode cannot begin until clean period is complete. Services during clean period billed under FFS

Required Documentation

PC/Dual Participants required in medical record

- **Discussed** goals of care with each RO beneficiary before initiating treatment and if the treatment intent is curative or palliative;
- **Adheres** to nationally recognized, evidence-based clinical treatment guidelines when appropriate or document in the medical record the rationale for the departure from guidelines;
- **Assesses** the RO beneficiary's tumor, node, and metastasis (TNM) cancer stage for the CMS-specified cancer diagnoses;
- **Assesses** the RO beneficiary's performance status as a quantitative measure determined by the physician;
- **Sends** a treatment summary to each RO beneficiary's referring physician within three months of the end of treatment to coordinate care;
- **Discusses** with each RO beneficiary prior to treatment delivery his or her inclusion in, and cost-sharing responsibilities under, the RO Model
- **Peer Reviews** (audit and feedback on treatment plans) for
 - 50 percent of new patients in PY1,
 - 55 percent of new patients in PY2,
 - 60 percent of new patients in PY3,
 - 65 percent of new patients in PY4,
 - 70 percent of new patients in PY5 preferably before starting treatment,
 - But in all cases before 25 percent of the total prescribed dose has been delivered and within 2 weeks of the start of treatment

Table 2: List of RO Model Bundled HCPCS

HCPCS	HCPCS Description	Category
55920	Place needles pelvic for rt	Radiation Treatment Delivery (Brachytherapy Surgery)
57155	Insert uteri tandem/ovoids	Radiation Treatment Delivery (Brachytherapy Surgery)
57156	Ins vag brachytx device	Radiation Treatment Delivery (Brachytherapy Surgery)
58346	Insert heyman uteri capsule	Radiation Treatment Delivery (Brachytherapy Surgery)
77014	Ct scan for therapy guide	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77021	Mri guidance ndl plmt rs&i	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77261	Radiation therapy planning	Treatment Planning
77262	Radiation therapy planning	Treatment Planning
77263	Radiation therapy planning	Treatment Planning
77280	Set radiation therapy field	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77285	Set radiation therapy field	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77290	Set radiation therapy field	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77293	Respirator motion mgmt simul	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77295	3-d radiotherapy plan	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77299	Radiation therapy planning	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77300	Radiation therapy dose plan	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77301	Radiotherapy dose plan imrt	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77306	Telethx isodose plan simple	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77307	Telethx isodose plan cplx	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77316	Brachytx isodose plan simple	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77317	Brachytx isodose intermed	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77318	Brachytx isodose complex	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77321	Special teletx port plan	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77331	Special radiation dosimetry	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77332	Radiation treatment aid(s)	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77333	Radiation treatment aid(s)	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77334	Radiation treatment aid(s)	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77336	Radiation physics consult	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77338	Design mlc device for imrt	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77370	Radiation physics consult	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77371	Srs multisource	Radiation Treatment Delivery
77372	Srs linear based	Radiation Treatment Delivery
77373	Srs linear based	Radiation Treatment Delivery

Table 2: List of RO Model Bundled HCPCS

HCPCS	HCPCS Description	Category
77385	Ntsty modul rad tx dlvr smpl	Radiation Treatment Delivery
77386	Ntsty modul rad tx dlvr cplx	Radiation Treatment Delivery
77387	Guidance for radj tx dlvr	Radiation Treatment Delivery (Guidance)
77399	External radiation dosimetry	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77402	Radiation treatment delivery	Radiation Treatment Delivery
77407	Radiation treatment delivery	Radiation Treatment Delivery
77412	Radiation treatment delivery	Radiation Treatment Delivery
77417	Radiology port images(s)	Radiation Treatment Delivery (Guidance)
77424	lo rad tx delivery by x-ray	Radiation Treatment Delivery
77425	lo rad tx deliver by elctrns	Radiation Treatment Delivery
77427	Radiation tx management x5	Treatment Management
77431	Radiation therapy management	Treatment Management
77432	Stereotactic radiation trmt	Treatment Management
77435	Sbrr management	Treatment Management
77470	Special radiation treatment	Treatment Management
77499	Radiation therapy management	Treatment Management
77520	Proton trmt simple w/o comp	Radiation Treatment Delivery
77522	Proton trmt simple w/comp	Radiation Treatment Delivery
77523	Proton trmt intermediate	Radiation Treatment Delivery
77525	Proton treatment complex	Radiation Treatment Delivery
77761	Apply intrcav radiat simple	Radiation Treatment Delivery
77762	Apply intrcav radiat interm	Radiation Treatment Delivery
77763	Apply intrcav radiat compl	Radiation Treatment Delivery
77767	Hdr rdnc skn surf brachytx	Radiation Treatment Delivery
77768	Hdr rdnc skn surf brachytx	Radiation Treatment Delivery
77770	Hdr rdnc ntrstl/icav brchtx	Radiation Treatment Delivery
77771	Hdr rdnc ntrstl/icav brchtx	Radiation Treatment Delivery
77772	Hdr rdnc ntrstl/icav brchtx	Radiation Treatment Delivery
77778	Apply interstit radiat compl	Radiation Treatment Delivery
77789	Apply surf ldr radionuclide	Radiation Treatment Delivery
77790	Radiation handling	Medical Radiation Physics, Dosimetry, Treatment Devices, Special Services
77799	Radium/radioisotope therapy	Radiation Treatment Delivery

Table 2: List of RO Model Bundled HCPCS

HCPCS	HCPCS Description	Category
A9527	Iodine i-125 sodium iodide	Radiation Treatment Delivery (Brachytherapy Materials)
C1715	Brachytherapy needle	Radiation Treatment Delivery (Brachytherapy Materials)
C1716	Brachytx, non-str, gold-198	Radiation Treatment Delivery (Brachytherapy Materials)
C1717	Brachytx, non-str,hdr ir-192	Radiation Treatment Delivery (Brachytherapy Materials)
C1719	Brachytx, ns, non-hdrir-192	Radiation Treatment Delivery (Brachytherapy Materials)
C1728	Cath, brachytx seed adm	Radiation Treatment Delivery (Brachytherapy Materials)
C2616	Brachytx, non-str,yttrium-90	Radiation Treatment Delivery (Brachytherapy Materials)
C2634	Brachytx, non-str, ha, i-125	Radiation Treatment Delivery (Brachytherapy Materials)
C2635	Brachytx, non-str, ha, p-103	Radiation Treatment Delivery (Brachytherapy Materials)
C2636	Brachy linear, non-str,p-103	Radiation Treatment Delivery (Brachytherapy Materials)
C2638	Brachytx, stranded, i-125	Radiation Treatment Delivery (Brachytherapy Materials)
C2639	Brachytx, non-stranded,i-125	Radiation Treatment Delivery (Brachytherapy Materials)
C2640	Brachytx, stranded, p-103	Radiation Treatment Delivery (Brachytherapy Materials)
C2641	Brachytx, non-stranded,p-103	Radiation Treatment Delivery (Brachytherapy Materials)
C2642	Brachytx, stranded, c-131	Radiation Treatment Delivery (Brachytherapy Materials)
C2643	Brachytx, non-stranded,c-131	Radiation Treatment Delivery (Brachytherapy Materials)
C2644	Brachytx cesium-131 chloride	Radiation Treatment Delivery (Brachytherapy Materials)
C2645	Brachytx planar, p-103	Radiation Treatment Delivery (Brachytherapy Materials)
C2698	Brachytx, stranded, nos	Radiation Treatment Delivery (Brachytherapy Materials)
C2699	Brachytx, non-stranded, nos	Radiation Treatment Delivery (Brachytherapy Materials)
G0339	Robot lin-radsurg com, first	Radiation Treatment Delivery
G0340	Robt lin-radsurg fractx 2-5	Radiation Treatment Delivery

Table 2: List of RO Model Bundled HCPCS

HCPCS	HCPCS Description	Category
G6001	Echo guidance radiotherapy	Radiation Treatment Delivery (Guidance)
G6002	Stereoscopic x-ray guidance	Radiation Treatment Delivery (Guidance)
G6003	Radiation treatment delivery	Radiation Treatment Delivery
G6004	Radiation treatment delivery	Radiation Treatment Delivery
G6005	Radiation treatment delivery	Radiation Treatment Delivery
G6006	Radiation treatment delivery	Radiation Treatment Delivery
G6007	Radiation treatment delivery	Radiation Treatment Delivery
G6008	Radiation treatment delivery	Radiation Treatment Delivery
G6009	Radiation treatment delivery	Radiation Treatment Delivery
G6010	Radiation treatment delivery	Radiation Treatment Delivery
G6011	Radiation treatment delivery	Radiation Treatment Delivery
G6012	Radiation treatment delivery	Radiation Treatment Delivery
G6013	Radiation treatment delivery	Radiation Treatment Delivery
G6014	Radiation treatment delivery	Radiation Treatment Delivery
G6015	Radiation tx delivery imrt	Radiation Treatment Delivery
G6016	Delivery comp imrt	Radiation Treatment Delivery
G6017	Intrafraction track motion	Radiation Treatment Delivery (Guidance)
Q3001	Brachytherapy radioelements	Radiation Treatment Delivery (Brachytherapy Materials)
77469	Io radiation tx management	Treatment Management

8 Step Pricing Methodology

- Step 1 – Set national base rates
- Step 2 – Trend factor adjustment
- Step 3 – Case mix & historical experience adjustment
- Step 4 – Discount factor adjustment
- Step 5 – Incorrect payment withhold
- Step 6 – Geographic adjustment
- Step 7 – Beneficiary coinsurance adjustment
- Step 8 – 2% sequestration adjustment

Table 3 -National Base Rates by Cancer Type (in 2017 Dollars)

RO Model-Specific Placeholder Codes³⁸	Professional or Technical	Cancer Type	Base Rate
MXXXX	Professional	Anal Cancer	\$2,968
MXXXX	Technical	Anal Cancer	\$16,006
MXXXX	Professional	Bladder Cancer	\$2,637
MXXXX	Technical	Bladder Cancer	\$12,556
MXXXX	Professional	Bone Metastases	\$1,372
MXXXX	Technical	Bone Metastases	\$5,568
MXXXX	Professional	Brain Metastases	\$1,566
MXXXX	Technical	Brain Metastases	\$9,217
MXXXX	Professional	Breast Cancer	\$2,074
MXXXX	Technical	Breast Cancer	\$9,740
MXXXX	Professional	Cervical Cancer	\$3,779
MXXXX	Technical	Cervical Cancer	\$16,955
MXXXX	Professional	CNS Tumor	\$2,463
MXXXX	Technical	CNS Tumor	\$14,193
MXXXX	Professional	Colorectal Cancer	\$2,369
MXXXX	Technical	Colorectal Cancer	\$11,589
MXXXX	Professional	Head and Neck Cancer	\$2,947
MXXXX	Technical	Head and Neck Cancer	\$16,708
MXXXX	Professional	Kidney Cancer	\$1,550
MXXXX	Technical	Kidney Cancer	\$7,656
MXXXX	Professional	Liver Cancer	\$1,515
MXXXX	Technical	Liver Cancer	\$14,650
MXXXX	Professional	Lung Cancer	\$2,155
MXXXX	Technical	Lung Cancer	\$11,451
MXXXX	Professional	Lymphoma	\$1,662
MXXXX	Technical	Lymphoma	\$7,444
MXXXX	Professional	Pancreatic Cancer	\$2,380
MXXXX	Technical	Pancreatic Cancer	\$13,070
MXXXX	Professional	Prostate Cancer	\$3,228
MXXXX	Technical	Prostate Cancer	\$19,852
MXXXX	Professional	Upper GI Cancer	\$2,500
MXXXX	Technical	Upper GI Cancer	\$12,619
MXXXX	Professional	Uterine Cancer	\$2,376

Incorrect Payment Withholds

- Withheld to reduce administrative burden in paying back monies for incomplete or duplicate episodes
- 2% withhold to PC & TC of each cancer type
- 2% withhold to PC for quality reporting
- 1% withhold begin PY3 patient experience survey

Geographic Adjustments

- Use HOPPS wage index 60% labor value
- MPFS – create RVUs specific to RO Model

TABLE 4 RVU SHARES

Professional Component			Technical Component		
WORK	PE	MP	WORK	PE	MP
0.66	0.30	0.04	0.00	0.99	0.01

**TABLE 5 EXAMPLE: PARTICIPANT-SPECIFIC PROFESSIONAL EPISODE
PAYMENT FOR LUNG CANCER
ALL NUMBERS ARE ILLUSTRATIVE ONLY**

	Professional Component	
	Amount	Formula
National Base Rate (a)	\$2,155.00	
Trend Factor (b)	1.04	
Subtotal (c)	\$2,241.20	$c = a * b$
Case Mix Adjustment (d)	0.02	For example $(102-100) / 100$
Historical Experience Adjuster (e)	0.14	For example $(116-102) / 100$
Year 1 Efficiency Factor (f)	0.90	
Adjustments combined (g)	1.15	$g = d + (e * f) + 1$
Subtotal (h)	\$2,568.42	$h = c * g$
Discount Factor (i)	0.96	
Subtotal (j)	\$2,465.68	$j = i * h$
Withhold #1 (Incorrect Payment) (k)	0.98	
Withhold #2 (Quality Performance) (l)	0.98	
Subtotal2 (m)	\$2,368.04	$m = j * k * l$
Geographic Adjustment (n)	1.02	
2019 Total Episode Payment to Participant including Coinsurance owed by RO beneficiary (o)	\$2,415.40	$o = m * n$
20% Beneficiary Coinsurance Determined (p)	\$483.08	$p = o * 0.20$
80% Participant Payment (q)	\$1,932.32	$q = o * 0.80$
Sequestration Claims Payment Adjustment to Participant Payment (r) [r = participant-specific professional episode payment]	\$1,893.67	$r = q * 0.98$
Episode Payment 1 (s)*	\$946.84	$s = r / 2$
Episode Payment 2 (t)*	\$946.84	$t = r / 2$

^ .All numbers are rounded to two decimal places.

**TABLE 6 EXAMPLE: PARTICIPANT-SPECIFIC TECHNICAL EPISODE PAYMENT
FOR LUNG CANCER IN PY1 AND PY2**

ALL NUMBERS ARE ILLUSTRATIVE ONLY[^]

	Technical Component	
	Amount	Formula
National Base Rate (a)	\$11,451.00	
Trend Factor (b)	1.04	
Subtotal (c)	\$11,909.04	$c = a * b$
Case Mix Adjustment (d)	0.02	For example $(102-100) / 100$
Historical Experience Adjustment (e)	0.11	For example $(113-102) / 100$
Year 1 Efficiency Factor (f)	0.90	
Adjustments combined (g)	1.12	$g = d + (e * f) + 1$
Subtotal (h)	\$13,326.22	$h = c * g$
Discount Factor (i)	0.95	
Subtotal (j)	\$12,659.91	$j = i * h$
Withhold #1 (Incorrect Payment) (k)	0.98	
Withhold #2 (Patient Experience) (l) - NOT APPLIED UNTIL PY3		
Subtotal2 (m)	\$12,406.71	$m = j * k$
Geographic Adjustment (n)	1.02	
2019 Total Episode Payment to Participant including coinsurance owed by RO beneficiary (o)	\$12,654.84	$o = m * n$
20% Beneficiary Coinsurance Determined (p)	\$2,530.97	$p = o * 0.20$
80% Participant Payment (q)	\$10,123.87	$q = o * 0.80$
Sequestration Claims Payment Adjustment to Participant Payment (r) [r = participant-specific technical episode payment]	\$9,921.40	$r = q * 0.98$
Episode Payment 1 (s)*	\$4,960.70	$s = r / 2$
Episode Payment 2 (t)*	\$4,960.70	$t = r / 2$

[^] All numbers are rounded to two decimal places.

Episode Considerations

Complete

- TC/Dual Participant submits HCPCS and SOE modifier for TC work within 28 days of PC submission
 - 1st installment paid to both
- PC & TC/Dual submit HCPCS and EOE modifier
 - 2nd installment paid to both
- Patient dies or enters hospice after both PC and TC/Dual HCPCS codes and SOE modifiers submitted
 - HCPCS and EOE modifier allowed to close out episode

Incomplete

- TC/Dual Participant fails to submit HCPCS and SOE modifier for TC work within 28 days of PC submission
 - Monies paid to PC will be recouped
- Patient dies, enters hospice or changes mind and removes from treatment before the TC/Dual Participant submits HCPCS and SOE modifier for TC work within 28 days of PC submission
 - Monies paid to PC will be recouped

Quality Measure Reporting

- Professional participants report quality measures and impact base rate
 - Oncology: Medical and Radiation - Plan of Care for Pain -*NQF41 #0383; CMS Quality ID #144*
 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan -*NQF #0418; CMS Quality ID #134*
 - Advance Care Plan -*NQF #0326; CMS Quality ID #047*
 - Treatment Summary Communication – Radiation Oncology
- CMS proposing to waive Hospital Quality Reporting Program for RO Participants

**TABLE 7. RO PARTICIPANT QUALITY MEASURE, CLINICAL DATA, AND
PATIENT EXPERIENCE SUBMISSION REQUIREMENTS**

RO Participant Data Submission Requirements	Level of Reporting	Pay-for-Reporting	Pay-for-Performance
1. Oncology: Medical and Radiation - Plan of Care for Pain- NQF #0383; CMS Quality ID #144	Aggregate	N/A	PYs 1-5
2. Preventive Care and Screening: Screening for Depression and Follow-Up Plan- NQF #0418; CMS Quality ID #134	Aggregate	N/A	PYs 1-5
3. Advance Care Plan- NQF #0326; CMS Quality ID #047	Aggregate	N/A	PYs 1-5
4. Treatment Summary Communication – Radiation Oncology	Aggregate	PYs 1-2	PYs 3-5
5. CAHPS Cancer Care Survey	N/A: Patient-Reported	N/A	PYs 3-5
Clinical Data Elements	Beneficiary- Level	PYs 1-5	N/A

Appeals & Waivers



- Proposing to waive some of appeals process
- Services outside RO Model will continue to appeal under FFS standard levels
- RO Model Services
 - Only appeals of calculation of reconciliation payment amounts, reconciliation recoupment amounts and calculation of Aggregate Quality Score (AQS) from the quality reporting
 - Pricing methodology and timely error notice will alleviate need to appeal
- Relativity Adjuster for nonexcepted Provider-based to be waived, not applied to randomly selected CBSAs

Reconciliation & True-Up

Reconciliation

- Occurs August following PY
 - Ex. PY1 runs through 12/31/20
 - Reconciliation will be August 2021
- Claims data run out, data collection for PY and calculating results

True-Up

- One-year post reconciliation process
 - Ex. PY1 reconciliation August 2021, True-up August 2022
- Allows for full claims data to be completed
- Monies withheld will be assessed to determine what is paid back by CMS or paid to CMS

Example Reconciliation

TABLE 10: EXAMPLE RECONCILIATION CALCULATION FOR A PROFESSIONAL PARTICIPANT

Professional participant	Formula	Example 1
Incorrect Payment Reconciliation Amount (a)		
<i>Incorrect Payment Withhold Amount (a1)</i>	$a1$	\$6,000
<i>Duplicate RT Services Adjustment (a2)</i>	$a2$	(\$3,000)
<i>Incomplete Billing Adjustment (a3)</i>	$a4$	(\$1,500)
Total ($a1 + a2 + a3$)	$a = a1 + a2 + a3$	\$1500
Quality Reconciliation Amount (b)		
<i>Quality Withhold (b1)</i>	$b1$	\$6,000
<i>AQS (b2)</i>	$b2$	0.85
Product ($b1 * b2$)	$b = b1 * b2$	\$5,100
Total Payment/Recoupment (c)	$c = a + b$	\$6,600

- 30 days from receipt reconciliation report RO participant deadline to appeal, only appeal levels 1 & 2 available
- 10 days from receipt of decision by CMS to appeal second level

Monitoring of Services

- No-pay claims submitted to CMS of CPT® codes for services under RO Model
- May also include:
 - Requests for documentation Audits of claims data, Monitoring of quality measures, medical records and other data from RO participants, Interviews with members of the staff and leadership of the RO participant and clinicians on the individual practitioners list, Interviews with beneficiaries and their caregivers, Monitoring of quality outcomes and clinical data, Site visits, Tracking patient complaints and Monitoring of appeals
- Monitoring to ensure no recruitment or dumping of patients to maximize reimbursement under model
- RO participants to attest to CEHRT during PYs
- TC/Dual attest and annually participate in radiation oncology specific AHRQ-listed patient safety organization (PSO)

Some Questions after Reviewing

- What happens when the episode of care initiated in the clean period extends more than 28 days?
- What happens when multiple diagnoses are treated, and one is under the RO Model and the other is not?
 - For example, any one of the 17 cancer types and a course of skin cancer?
- What happens when multiple diagnoses under the RO Model are treated simultaneously?
 - Is there a hierarchy? Are all codes still billed, if so, how is reimbursement calculated?
- What happens if an episode is initiated for a diagnosis under the RO Model and another diagnosis under the RO Model is identified and requires treatment during the episode?
 - For example, a lung cancer patient diagnosed with brain metastasis during the lung treatment course.
- The code for Iodine used in radiopharmaceutical treatments is on the list, but the administration code is not.
 - Per statements near the end of the ruling, once an episode is initiated RO participants would not be able to separately bill other HCPCS or APC codes for services related to radiation for the RO beneficiary in the episode. This would elude to the fact the administration code may not be billable.
 - What about fiducial markers and gel spacer or other services not on list, but common or ancillary to the course?

Submit Comments!

- Comments to CMS regarding the Radiation Oncology RO Model proposed rule must refer to file code **CMS-5527-P**
- Received no later than **5 pm EST CMS did not publish a date for comments to be received by.**
- Electronic submission is encouraged by CMS, <http://www.regulations.gov>.
- Follow the instructions under the “submit a comment” tab.