September 6, 2016

Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1654-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017 Proposed Rule; CMS-1654-P (the Proposed Rule)

Dear Administrator Slavitt:

The Association of Freestanding Radiation Oncology Centers (AFROC) is pleased to submit comments to in response to the Proposed Rule. AFROC is an association representing community-based radiation oncology centers that are owned and operated independently of hospitals and that provide high quality radiation oncology services to cancer patients throughout the United States. Our comments are as follows:

Conventional Radiation Treatment Delivery

Potential error in the calculation of RVUs for radiation treatment delivery (HCPCS G6011). In the Patient Access and Medicare Protection Act, S. 2425, Congress essentially froze the work-RVUs and the direct inputs for the calculation of Practice Expense RVUs (PE-RVUs) for radiation treatment delivery HCPCS codes G6001-60015). Yet, under the Proposed Rule, the RVUs for this code would be reduced by approximately 11%. Since the proposed IPSI for radiation oncology increases in 2017, this decrease cannot be explained by any change in practice expense or work RVUs.

> *Recommendation: We believe that the proposed reduction in the RVUs associated with HCPCS G601 may be attributable to a calculation error. We request CMS to review the calculation of the RVUs for HCPCS G6011 and correct any error that may have been made in the calculation.*

Brachytherapy.

Valuation of Brachytherapy. AFROC is concerned that the physician work RVUs associated with

complex interstitial low dose rate brachytherapy (CPT 7778) have been substantially reduced, and believes this reduction may significantly impact access to this cost-effective form of radiation treatment. The 2015 W-RVU for this service was 11.32 W-RVUs and, at that time, CPT 77790 for supervision and handling of brachytherapy sources was separately payable. In 2016 and proposed 2017, the physician work RVUs of the procedure (which now includes the work involved in supervision and handling of brachytherapy sources (CPT 77790) is 8.00 RVUs, which results in a 35.3% reduction to physician work RVUs. Medicare utilization of this service has shrunk by approximately 62% in recent years (2011-2015(preliminary data)), and we are concerned that this substantial payment reduction will further reduce access to this form of radiation treatment in non-facility settings.

> *Recommendation: AFROC requests that CMS reinstate the RUC approved work RVU of 8.78 for CPT 77778 (Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed).*

Moderate Sedation for Brachytherapy**.** The Proposed Rule would reduce the work RVU for the brachytherapy related procedure CPT 19298 (*Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes image guidance)*by 0.25 RVUs, on the assumption that this CPT code's current valuation includes moderate sedation. However, it is our understanding that CPT 19298 was not valued with moderate sedation.

> *Recommendation: AFROC recommends that CMS maintain the current work RVU for 19298 and not implement a 0.25 work RVU reduction, since this code was never valued with inherent moderate sedation.*

Conversion Factor Calculation

The Medicare Access and CHIP Reauthorization Act of 2015, authorizes an increase of 0.5% for the conversion for 2017; however, in large part as the result of the creation of a newE/M add-on code for physicians treating people with mobility-related impairments, CMS indicates that this increase will be eliminated in 2017.

> *Recommendation. We urge CMS to more realistically estimate anticipated utilization of the new add-on code for E/M services for patients with mobility-related impairments, which would have the result of preserving at least some of the increase in the 0 .5 % conversion factor authorized by Congress for 2017.*

We appreciate the opportunity to comment on the Proposed Rule. If you have any questions, please do not hesitate to contact AFROC's Washington Counsel, Diane Millman, at dmillman@ppsv.com or 202-872-6725.

Sincerely yours,

/s/

David Rice, MD
Vice -President
AFROC