

August 19, 2021

Dear Colleague:

**CMS is once again proposing to slash Medicare payment for radiation oncology technical component (TC) services, this time by about 15-20%.** As President of the Association of Freestanding Radiation Oncology Centers, I am writing to request your help to stop these extraordinary Medicare payment reductions.

These reductions are far steeper than the conversion factor reduction that you may have heard of from other sources: The conversion factor reduction comprises only about 3.75% of the total reduction. Most of the rest stems from a feature of CMS' practice expense payment formula under which radiation oncology and other TC services bear a disproportionate share of the cost of updating the clinical labor data (from 2002 to current labor rates) that is used in determining practice expense payment.

How can you help?

- These payment reductions are open for public comment through September 13. **FILE YOUR COMMENTS TODAY.** A model comment letter and instructions for filing your comment accompany this letter.
- Urge others at your freestanding center to also file their own comments. **VOLUME COUNTS.**
- Join AFROC! We plan to meet with CMS and engage Congress to stop the cuts. To Join, go to <https://afroc.org> and follow the links! AFROC will be providing further information to its members on contacting Congress.

Thank you for helping us to help you. If you have any questions, please do not hesitate to contact me at [info@afroc.org](mailto:info@afroc.org) or AFROC's Washington counsel, Diane Millman, at [dmillman@ppsv.com](mailto:dmillman@ppsv.com).

Respectfully,

Michael J. Katin, MD  
President  
AFROC

**MODEL COMMENT LETTER OPPOSING RADIATION ONCOLOGY PAYMENT  
REDUCTIONS  
COMMENTS DUE SEPTEMBER 13, 2021  
FILE YOUR COMMENT TODAY!**

- *Go to [www.regulations.gov](http://www.regulations.gov)*
- *Search for CMS-1751-P or 2022 Physician Fee Schedule Proposed Rule*
  - *Click “Comment”*
- *Insert the following text (**but individualize text**) into the comment space*
  - *Complete identity and ReCAPTCHA fields*
    - *Submit*

Dear Administrator Brooks-LaSure:

I am the [Insert title] at [Insert name of facility] in [Insert location], and I am writing to express my deep concern about the proposed Medicare payment reductions for radiation oncology technical component (TC) services set forth in the 2022 Physician Fee Schedule (PFS) Proposed Rule. If the proposed Medicare payment reductions are finalized without change, Medicare payment for the equipment, supplies, clinical and non-clinical personnel and associated overhead of providing critical radiation oncology services in [Community you serve] will be slashed by almost 20%. If these payment reductions go into effect, [Name of facility] will be forced to [specify the actions that you would have to take to continue in operation if the proposed rate reductions are finalized including, for example, going out of business, selling the facility to a hospital, reducing staff, refraining from purchasing needed equipment, as applicable.].

I understand that most of the proposed payment reduction is attributable to a feature of CMS’ payment methodology under which high capital cost services, such as radiation oncology TC services, will bear most of the cost of updating the labor rates for non-physician clinical staff. If CMS does decide to update the clinical labor cost data, the costs should be spread equitably among all physicians and not borne disproportionately by those who provide the type of capital-intensive services whose costs are not only high but continuing to rise.

I strongly urge CMS to refrain from finalizing the reductions in Medicare payment for radiation oncology TC services proposed in the 2022 PFS Proposed Rule. If CMS chooses to update its labor cost data for non-physician clinical staff, CMS should make such adjustments to its practice expense methodology as are necessary to ensure that the additional costs are not borne disproportionately by freestanding radiation oncology centers. Finalizing the proposed TC RVU reductions without change has the potential to jeopardize continued provision of critical cancer services by community-based radiation oncology centers throughout the country.

Sincerely yours,

[Name]