

Radiation Oncology (RO) Model

- **Proposed Rule Published July 19th**
 - The majority of radiation oncology stakeholder comments and recommendations were dismissed and very few incorporated into the proposed rule
 - Comment Deadline is September 17th
- **Implementation Date is January 1, 2022**
 - ASTRO is seeking regulatory and legislative relief to reduce excessive payment cuts to RO participants

Overview

- **90-day Episode of Care**
- **15 Disease Sites**
 - Liver cancer excluded in proposed rule
- **Prospective Payment**
 - Professional Component
 - Technical Component
- **Site-Neutral Payment**
 - National Base Payment amounts the same for HOPDs and Freestanding Radiation Therapy Centers
- **5 Performance Years Beginning January 1, 2022 and Ending December 31, 2026**

Beneficiary Population

- **Medicare Beneficiaries Include:**
 - Eligible for Medicare Part A and Enrolled in Part B; and
 - “Traditional” Medicare as Primary Payer
- **Medicare Beneficiaries Enrolled in Any Managed Care Organization Excluded:**
 - All Medicare Advantage Plans (Medicare Part C)
- **Medicare Beneficiaries Cannot “Opt Out” of RO Model Pricing Methodology**
 - Beneficiary may seek care in a different geographic location without mandatory RO Model participation

RO Model Participants

- **Physician Group Practices (PGPs), Hospital Outpatient Departments (HOPDs) & Freestanding Radiation Therapy Centers**
 - Professional participants-PGP
 - Technical participants-HOPD
 - Dual participants-Freestanding Radiation Therapy Centers

RO Model Participants

- **Mandatory for Random Selection of Core-Based Statistical Areas (CBSAs)**

- Required participation by ~30% of eligible episodes of care
 - 500 PGPs (275 freestanding centers)
 - 450 HOPDs
- Participants identified by zip code

<https://innovation.cms.gov/media/document/ro-particip-zip-codes-list>

- **Low Volume Opt-Out**

- Any PGP, Freestanding Radiation Therapy Center or HOPD
- Must furnish fewer than 20 episodes in one or more CBSAs in the most recent year with claims data available

Excluded RO Participants

- **11-Designated PPS-Exempt Cancer Centers**

- City of Hope Medical Center
- University of Southern California
- University of Miami
- H. Lee Moffitt Cancer and Research Hospital
- Dana-Farber Cancer Institute
- Memorial Sloan Kettering
- Roswell Park
- Ohio State University James Cancer Hospital
- Fox Chase Hospital
- M.D. Anderson Cancer Center
- Fred Hutchinson/Seattle Cancer Center Alliance

- **Ambulatory Surgical Centers**

- **Critical Access Hospitals**

- **RT Services Furnished in Maryland, Vermont, US Territories, Community Health Access and Rural Transformation (CHART) model & current Pennsylvania Rural Health Model participants**

- **No Hardship Exemptions**

15 Cancer Types

Cancer Type	ICD-10 Codes
Anal Cancer	C21.xx
Bladder Cancer	C67.xx
Bone Metastases	C79.5x
Brain Metastases	C79.3x
Breast Cancer	C50.xx, D05.xx
Cervical Cancer	C53.xx
CNS Tumors	C70.xx, C71.xx, C72.xx
Colorectal Cancer	C18.xx, C19.xx, C20.xx

15 Cancer Types

Cancer Type	ICD-10 Codes
Head and Neck Cancer	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
Lung Cancer	C33.xx, C34.xx, C39.xx, C45.xx

15 Cancer Types

Cancer Type	ICD-10 Codes
Lymphoma	C81.xx, C82.xx, C83.xx, C84.xx, C85.xx, C86.xx, C88.xx, C91.4x
Pancreatic Cancer	C25.xx
Prostate Cancer	C61.xx
Upper GI Cancer	C15.xx, C16.xx, C17.xx
Uterine Cancer	C54.xx, C55.xx

No Skin Cancer or Benign Neoplasms

Included RT Services

- Consultation
- Treatment Planning
- Dose Planning
- Medical Physics & Dosimetry
- Treatment Devices
- Special Services
- Treatment Delivery
- Treatment Management

Included RT Modalities

- External Beam Radiation Therapy
- 3-D Conformal Radiotherapy (3DCRT)
- Intensity Modulated Radiation Therapy (IMRT)
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiotherapy (SBRT)
- Image-Guided Radiation Therapy (IGRT)
- Proton Beam Therapy (PBT)
 - CMS excludes PBT federally-funded, multi-institution, randomized control clinical trials

Excluded Services

- Evaluation & Management Services
- Brachytherapy
 - Excluded in proposed rule
- Neutron Beam Therapy
- Hyperthermia Treatment
- Intraoperative Radiation Therapy (IORT)
- Intrafraction Guidance

Episode Length & Trigger

- **90-day Episode of Care**
 - CMS reports that 99% of beneficiaries complete course of radiation within 90 days of initial treatment planning service
- **Day 1 is Triggered by Initial Treatment Planning Date of Service as Reported by the Professional or Dual Participant (Start of Episode)**
 - CPT 77261, 77262, 77263

Episode Length & Trigger

- **At Least 1 RT Delivery Service Must Be Provided Within 28 days of the Initial Treatment Planning Service as Reported by the Technical or Dual Participant**
 - Incomplete Episode if RT delivery is not provided within 28 days of treatment planning
- **CMS Establishes a “Clean Period” for 28 Days After the End of the Previous Episode**
 - Medically necessary RT services would be separately billed and paid FFS during the “clean period”

Payment Methodology

- **Separate Payment for PC and TC for Each of the 15 Cancer Types**
- **Prospective Payment**
 - 1st payment (50%) when Episode is triggered (SOE)
 - 2nd payment (50%) after Episode has ended (EOE)
 - New RO model-specific HCPCS codes and modifiers will denote beginning and end of episode of care
- **CMS Modifies the Policy to Permit End of Episode (EOE) Claim After the RT Treatment has Ended, but No Earlier than 28 Days After Initial Treatment Planning Service Was Furnished**
 - No longer have to submit EOE on day 90
 - 2nd payment may be provided faster with a shorter course of treatment
 - No additional payment after EOE submitted until the end of 90-day episode

Pricing Methodology

- **National Base Rates**

- Baseline is 2017-2019
 - Not updated annually
 - Weighted episodes: Year 1 20%, Year 2 30%, Year 3 50%
- Based on Hospital Outpatient rates
 - No Physician Fee Schedule rates utilized

- **Trend Factors**

- **Adjustments for Case Mix and Historical Experience**

- RO Participant-Specific

- **Discount Factors**

- PC 3.5%
- TC 4.5%

Pricing Methodology

- **Payments Adjusted for Withholds for Incomplete Episodes (1%), Quality (2%), and Starting in Year 3 Patient Experience (1%)**
 - RO Participants Have the Ability to Earn Back a Portion of the Quality and Patient Experience Withholds Based On:
 - Reporting of clinical data
 - Reporting and performance on quality measures
 - Performance on Beneficiary-reported CAHPS Cancer Care Radiation Therapy Survey (beginning in Performance Year 3)
- **20% Beneficiary Coinsurance**
- **Sequestration in accordance with applicable law**
 - Currently 2% reduction

Pricing Methodology

- **No Payment Adjustments**
 - Multiple Tumor Sites
 - Multiple Modalities
 - Multiple Course of Treatment
- **CMS states RO Participant-Specific Case Mix and Historical Experience Adjustments will account for complex patient populations**

National Base Rates

PC or TC	Cancer Type	Base Rate
Professional	Anal Cancer	\$3,104.11
Technical	Anal Cancer	\$16,800.83
Professional	Bladder Cancer	\$2,787.24
Technical	Bladder Cancer	\$13,556.06
Professional	Bone Metastases	\$1,446.41
Technical	Bone Metastases	\$6,194.22
Professional	Brain Metastases	\$1,651.56
Technical	Brain Metastases	\$9,879.40
Professional	Breast Cancer	\$2,059.59
Technical	Breast Cancer	\$10,001.84

National Base Rates

PC or TC	Cancer Type	Base Rate
Professional	Cervical Cancer	\$3,037.12
Technical	Cervical Cancer	\$13,560.15
Professional	CNS Tumor	\$2,558.46
Technical	CNS Tumor	\$14,762.37
Professional	Colorectal Cancer	\$2,508.30
Technical	Colorectal Cancer	\$12,200.62
Professional	Head & Neck Cancer	\$3,107.95
Technical	Head & Neck Cancer	\$17,497.16
Professional	Lung Cancer	\$2,231.40
Technical	Lung Cancer	\$12,142.39

National Base Rates

PC or TC	Cancer Type	Base Rate
Professional	Lymphoma	\$1,724.07
Technical	Lymphoma	\$7,951.09
Professional	Pancreatic Cancer	\$2,480.83
Technical	Pancreatic Cancer	\$13,636.95
Professional	Prostate Cancer	\$3,378.09
Technical	Prostate Cancer	\$20,415.97
Professional	Upper GI	\$2,666.79
Technical	Upper GI	\$14,622.66
Professional	Uterine Cancer	\$2,737.11
Technical	Uterine Cancer	\$14,156.20

Encounter Claims Data

- **RO Participants Required to Submit Encounter Claims Data That Include All RT Services on the RO Model Bundled Procedure List**
 - Report all HCPCS/CPT codes as services are delivered
 - No payment for these claims

Clinical Data Collection

- **CMS Requires Additional Clinical Information on Certain Medicare Beneficiaries**
 - Pay for Reporting
 - Reported by Professional and Dual Participants
 - Report basic clinical information not available in claims data or captured in quality measures
 - Cancer Stage
 - Disease Involvement
 - Treatment Intent
 - Specific Treatment Plan Information
 - Required for 5 types of Cancer: Prostate, Breast, Lung, Bone Metastases and Brain Metastases

Impacts

- CMS Estimates Savings of \$160 Million over the RO Model's Five-Year Performance Period
- Model will include approximately 282,000 Episodes, 250,000 Medicare Beneficiaries, and \$4.6 Billion in total episode spending over 5 Years
- Average Payments to PGPs Increase 5.5%
- Average Payments to HOPDs Decrease 9.6%

Recommendations And Considerations

- **As of now, the model will start on January 1st**
 - ASTRO, AAPM and others continue to lobby for reduced payment cuts (e.g. Reduction of Discount Factors)
 - Required participants available on RO-APM site
 - CMS plans additional educational sessions and billing guidance
- **Most substantial impacts will affect revenue cycle operations of practices**
 - Only traditional Medicare patients are included in RO Model
 - Likely represents 20-50% of total patient volume at most facilities

Recommendations And Considerations

- **Medical physicists should continue to support clinical activities consistent with standards of professional practice**
 - The absence of FFS payments should not influence or prohibit professional activities required to support safety and quality of care
- **RO departments should continue to charge and bill for all services performed**
 - Claims from model participants will not be separately paid but will be utilized for practice pattern changes
 - Claims from model participants may be used for future ratesetting

UNDERSTANDING 2022 MEDICARE REIMBURSEMENT PROPOSED RULE OVERVIEW

AAPM Annual Meeting

July 25, 2021

Jonas Fontenot, PhD

Michele Ferenci, PhD

Wendy Smith Fuss, MPH

2022 MPFS Overview

- Medicare Physician Fee Schedule (MPFS)
 - Medicare reimburses for more than 7,000 services and procedures
 - Physician Payment
 - Professional Component (-26 modifier)
 - Freestanding Center Payment
 - Global Payment = Technical Component (-TC modifier) + Professional Component (-26 modifier)

2022 MPFS Overview

- CPT codes assigned relative value units (RVUs) determined by professional societies and the American Medical Association (AMA) Relative Value Scale Update Committee (RUC) and accepted by the Centers for Medicare & Medicaid Services (CMS)
- Three (3) RVU Components
 - Physician Work (physician time & intensity)
 - Practice Expense (staff time, equipment, supplies)
 - Malpractice Expense (professional liability insurance)

Conversion Factor

- 2021 CF = \$34.89
- 2022 CF = \$33.58
- MACRO legislation 2022 update is 0%
- Budget neutrality adjustment of minus 0.14% to account for RVUs changes
- 2022 CF calculated as though 3.75% increase for 2021 mandated by CAA legislation had never been applied

2022 MPFS Overview

- Payment is based on relative value units (RVUs) adjusted for locality cost differences (GPCI) and multiplied by a conversion factor (CF) that translates RVUs into dollars.
- 2022 payment for CPT 77336
 $2.21 \text{ RVUs} \times \$33.5848 \text{ CF} = \$74.22^*$
- 2022 payment for CPT 77370
 $3.55 \text{ RVUs} \times \$33.5848 \text{ CF} = \$119.23^*$

*Payment excludes the geographic practice cost index (GPCI) adjustment

Practice Expense Overview

- Each CPT procedure code has three (3) RVU Components
 - Physician Work
 - Practice Expense
 - Malpractice Expense
- Two (2) types of Practice Expense
 - Direct (clinical staff, medical equipment & medical supplies)
 - Indirect (administrative staff, office equipment, office supplies, rent, overhead, etc.)

2022 Practice Expense Methodology

- Continue “Bottom-up” methodology to determine Direct practice expense costs
- Continued use of AMA Physician Practice Information Survey (PPIS) data to determine practice expense per hour (PE/HR) for each specialty used to calculate Indirect practice expense costs
 - Survey data is outdated. CMS is likely to propose a new methodology to determine specialty-specific Indirect practice expense in future rulemaking, likely for 2023

2022 Practice Expense Policy

- CMS updates prices for existing Medical Equipment & Supply Direct Practice Expense Inputs
 - StrategyGen market research study of 750 equipment items & 1,300 supplies
 - 4-year transition period ends in 2022

2019=25/75	2020= 50/50
2021= 75/25	2022=100/0

Update Medical Equipment Cost

- SRS System, SBRT, six systems, average (ER083)
 - CPT 77373
 - 2018 Price (prior to update)=\$4,000,000
 - 2022 Transitioned Price=\$2,973,722 (-25.7%)
- Treatment Planning System, IMRT (Corvus w-Peregrine 3D Monte Carlo)(ED033)
 - CPT 77301, 77338
 - 2018 Price (prior to update)=\$350,545
 - 2022 Transitioned Price=\$ 197,247 (-43.7%)

Update Medical Equipment Cost

- HDR Afterload System, Nucletron – Oldelft (ER003)
 - CPT 77767, 77768, 77770, 77771, 77772
 - 2018 Price (prior to update)=\$375,000
 - 2022 Transitioned Price=\$ 132,575 (-64.6%)
- Brachytherapy Treatment Vault (ES052)
 - CPT 77767, 77768, 77770, 77771, 77772
 - 2018 Price (prior to update)=\$175,000
 - 2022 Transitioned Price=\$193,114 (10.4%)

Clinical Labor Pricing Update

- Non-physician Clinical Labor Rates last updated in 2002
 - Update in conjunction with final year of medical equipment & supply pricing update
- Proposed Methodology
 - CMS proposes same methodology as 2002
 - 2019 Bureau of Labor Statistics (BLS) data
 - When indicated supplementary data (e.g., Salary Expert), crosswalk or extrapolate wage data
 - Calculate rate per minute, includes 1.366 benefits multiplier

Clinical Labor Pricing Update

Labor Description	Current Rate (per minute)	Updated Rate (per minute)	Change
Medical Physicist*	\$1.52	\$1.80	18%
Medical Dosimetrist**	\$0.63	\$1.07	70%
Mix Medical Physicist /Medical Dosimetrist	\$1.08	\$1.45	35%
Radiation Therapist	\$0.50	\$1.00	100%
Second Radiation Therapist for IMRT	\$0.50	\$1.00	100%
RN	\$0.51	\$0.85	67%
Mix RN/LPN	\$0.42	\$0.69	64%

*75th percentile of average wage data for physicist

**CMS employed a proxy BLS wage

Clinical Labor Pricing Update

- Fully implemented in 2022
 - Minus 4.0% radiation oncology impact
 - Minus 1.0% radiology impact
- 4-year transition
 - Minus 2.0% radiation oncology impact for 2022
- Services furnished by radiation oncologists involve practice expense costs that primarily rely on high medical equipment costs and therefore affected negatively by increased clinical labor costs
 - Practice expense is budget neutral among all specialties

2022 MFPS Impacts

Specialty	Medicare Allowed Charges (millions)	Impact Work RVU Changes	Impact Practice Expense RVU Changes	Impact Malpractice RVU Changes	Total Impact
Radiation Oncology & Radiation Therapy Centers	\$1,660	0%	-5.0%	0%	-5.0%
Radiology	\$4,397	0%	-2.0%	0%	-2.0%
Total	\$89,605	0%	0%	0%	0%

Impact of Proposed 2022 Policies

- ASTRO & AMA preliminary estimates yield true impact of 8.3%-8.75% cuts to Radiation Oncology
 - CMS impact estimate does not include expiration of 3.75% increase in the 2021 conversion factor
- Medical Physics Consult-10.2%
- IMRT Delivery -12.7%
- Treatment Delivery -17.0% to -22.5%
- SBRT Delivery -22.6%

Impact of Proposed 2022 Policies

- Seek legislative relief to the significant cut to the 2022 conversion factor
- Support phased-in 4-year transition of clinical labor pricing updates

2022 HOPPS Overview

- Medicare Hospital Outpatient Prospective Payment System (HOPPS)
 - Reimbursement to over 3,900 hospital outpatient departments
 - 2.3% increase in Medicare payments to hospitals
 - 2022 conversion factor = \$84.46 for hospitals that meet quality reporting data requirements
 - Additional 2.0% reduction to CF update factor for hospitals that do not report quality data = \$82.81

2022 Rate Setting Methodology

- Relative payment weights for APCs revised annually
- 2019 outpatient claims used to determine 2022 payments
 - COVID-19 PHE significantly affected outpatient service utilization
- CMS uses geometric mean costs of services to determine relative payment weights

2022 APC Payments

APC	CPT Codes	2021 Payment	2022 Payment	% Change
5611 Level 1 Therapeutic Radiation Treatment Prep	76145, 77280, 77299, 77300, 77331, 77332, 77333, 77336, 77370, 77399	\$126.87	\$130.19	2.6%
5612 Level 2 Therapeutic Radiation Treatment Prep	77285, 77290, 77306, 77307, 77316, 77317, 77318, 77321, 77334, 77338	\$338.68	\$347.44	2.6%
5613 Level 3 Therapeutic Radiation Treatment Prep	32553, 49411, 55876, 77295, 77301, C9728	\$1,262.18	\$1,296.25	2.7%

2022 APC Payments

APC	CPT Codes	2021 Payment	2022 Payment	% Change
5621 Level 1 Radiation Therapy	77401, 77402, 77789, 77799	\$120.54	\$123.77	2.7%
5622 Level 2 Radiation Therapy	77407, 77412, 77600, 77750, 77767, 77768, 0394T	\$241.68	\$248.00	2.6%
5623 Level 3 Radiation Therapy	77385, 77386, 77423, 77470, 77520, 77610, 77615, 77620, 77761, 77762	\$542.55	\$556.78	2.6%
5624 Level 4 Radiation Therapy	77605, 77763, 77770, 77771, 77772, 77778, 0395T	\$708.46	\$727.71	2.7%

2022 APC Payments

APC	CPT Codes	2021 Payment	2022 Payment	% Change
5625 Level 5 Radiation Therapy	77522, 77523, 77525	\$1,297.92	\$1,327.15	2.3%
5626 Level 6 Radiation Therapy	77373	\$1,733.74	\$1,779.34	2.6%
5627 Level 7 Radiation Therapy*	77371, 77372, 77424, 77425	\$7,772.76	\$7,977.39	2.6%

***Comprehensive APC**

2022 Imaging APC Payments

APC	2021 Payment	2022 Payment	% Change
5521 Level 1 Imaging Without Contrast	\$80.90	\$83.01	2.6%
5522 Level 2 Imaging Without Contrast	\$108.97	\$111.73	2.5%
5523 Level 3 Imaging Without Contrast	\$230.13	\$236.14	2.6%
5524 Level 4 Imaging Without Contrast	\$482.89	\$495.76	2.7%
5571 Level 1 Imaging With Contrast New CT/MRI COR calculation implemented in 2021	\$178.55	\$183.30	2.7%
5572 Level 2 Imaging With Contrast	\$368.12	\$377.80	2.6%

Brachytherapy Sources

- Separate payment for brachytherapy sources as mandated by 2003 Medicare Modernization Act
- CMS continues current payment policy based on geometric mean cost of 2019 hospital outpatient claims
- New Low Volume APC policy applies to 5 Brachytherapy Source APCs
 - Fewer than 100 claims
 - Payment set at highest amount among geometric mean, median or arithmetic mean
 - Calculated based on 4 years of data (2016-2019)

Code	Source Descriptor	2022 Payment	Code	Source Descriptor	2022 Payment
A9527*	Iodine-125 solution	\$40.57 51.8%	C2638	Stranded Iodine-125	\$38.38 2.6%
C1716*	Gold-198	\$619.73 114.9%	C2639	Iodine-125	\$34.99 2.6%
C1717	HDR Iridium-192	\$343.45 2.6%	C2640	Stranded Palladium-103	\$90.05 2.6%
C1719*	Non-HDR Iridium-192	\$206.87 -26.8%	C2641	Palladium-103	\$71.32 2.6%
C2616	Yttrium-90	\$17,853.19 2.6%	C2642	Stranded Cesium-131	\$73.74 2.6%
C2634	High Activity Iodine-125	\$151.96 2.6%	C2643	Cesium-131	\$82.46 2.6%
C2635*	High Activity Palladium-103	\$45.85 0.7%	C2645	Planar Palladium-103, per sq mm	\$4.69 0%
C2636*	Linear Palladium-103	\$52.84 68.3%	*Designated as a Low Volume Brachytherapy APC in 2022		

Composite APCs

- Composite APCs provide a single payment for groups of services that are typically performed together during a single clinical encounter (i.e. same day)
- No new composite APCs for 2022
- Multiple Imaging Composite APCs 8004-8008

2022 Multiple Imaging Composite APC Payments

Composite APC	2021 Payment	2022 Payment	% Change 2021-2022
8004 Ultrasound	\$298.34	\$306.26	2.7%
8005 CT and CTA Without Contrast	\$224.33	\$230.13	2.6%
8006 CT and CTA With Contrast	\$435.13	\$446.68	2.7%
8007 MRI and MRA Without Contrast	\$522.79	\$536.44	2.6%
8008 MRI and MRA With Contrast	\$843.16	\$865.19	2.6%

New CT/MRI CCR calculation implemented 2021

Comprehensive APCs

- A single payment for entire hospital stay, defined by a single claim regardless of the date of service span
- No changes to payment methodology in 2022
- No new C-APCs in 2022
- 69 C-APCs in 2022
 - 1 specific to radiation oncology
 - IORT & Single Session Cranial Stereotactic Radiosurgery
 - Several surgical procedures related to brachytherapy
 - Brachytherapy Catheter Insertion

Comprehensive APC 5627 Level 7 *Radiation Therapy*

- Single Session Cranial SRS includes 77371 and 77372
—CMS unbundles 10 codes and pays separately in 2020
 - CT Localization (77011, 77014)
 - MRI Imaging (70551, 70552, 70553)
 - Clinical Treatment Planning (77280, 77285, 77290, 77295)
 - Physics Consultation (77336)
- IORT codes 77424 and 77425
- 2022 Payment \$7,977.39 (2.6% increase)

2022 Comprehensive APCs for Brachytherapy Insertion

APC	CPT Codes	2021 Payment	2022 Payment	% Change
5091 Level 1 Breast Surgery	19499 Unlisted breast procedure	\$3,157.74	\$3,240.04	2.6%
5092 Level 2 Breast Surgery	19298 Breast brachytherapy button & tube	\$5,533.94	\$5,678.67	2.6%
5093 Level 3 Breast Surgery	19296 Breast brachytherapy balloon	\$8,920.04	\$9,149.07	2.6%
5113 Level 3 Musculoskeletal	20555 Catheters into muscle/soft tissue	\$2,830.40	\$2,906.75	2.7%
5153 Level 3 Airway	31643 Dx bronchoscope, catheter placement	\$1,496.39	\$1,535.06	2.6%

2022 Comprehensive APCs for Brachytherapy Insertion

APC	CPT Codes	2021 Payment	2022 Payment	% Change
5165 Level 5 ENT	41019 Catheters into head/neck	\$5,086.05	\$5,218.17	2.6%
5302 Level 2 Upper GI	43241 Upper GI endoscopy, catheter placement	\$1,625.02	\$1,666.59	2.6%
5375 Level 5 Urology	55875 Transperineal placement of needles/catheters prostate	\$4,413.90	\$4,527.23	2.6%
5415 Level 5 GYN	55920 Catheters into pelvic organs/genitalia 57155 Tandem/ovoids 58346 Heyman capsules	\$4,409.54	\$4,525.49	2.6%

Other 2022 HOPPS Policies

- Halt elimination of the Inpatient Only List (IPO)
 - Add 298 services back to IPO effective January 1, 2022
 - CMS seeks comments on policy modifications
- Maintains minimum level of “General” Physician Supervision for all hospitals & critical access hospitals
- 2022 Device-Intensive Procedures
 - 19296 Breast brachytherapy expandable catheter
 - 55874 Peri-prostatic implantation of biodegradable material
 - C9728 Place device/markers non-prostate

2022 ASC Policies

- CMS updates ASC rates by 2.3% in 2022
- For 2022, CMS reinstates the ASC Covered Procedures List (CPL) criteria that were in effect in 2020
 - Removes 258 of 267 procedures that were added to the 2021 ASC-CPL

Resources

- Government Affairs (CMS) tab on the AAPM website

http://aapm.org/government_affairs/CMS/2022HealthPolicyUpdate.asp

- Center for Medicare and Medicaid Innovation (CMMI) RO Model website

<https://innovation.cms.gov/innovation-models/radiation-oncology-model>

- Reach out to Professional Economics Committee

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