Re: CMS-1631-FC. Medicare Program; Revisions to the Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for 2016.

Dear Acting Administrator Slavitt:

I am pleased to submit these comments on behalf of the American Society of Clinical Oncology (ASCO) in response to the recent publication of the 2016 Medicare Physician Fee Schedule Final Rule with Comment Period published in the Federal Register on November 16, 2015 (80 Fed. Reg. 70886).

ASCO is the national organization representing nearly 40,000 physicians and other healthcare professionals specializing in cancer treatment, diagnosis, and prevention. ASCO members are also dedicated to conducting research that leads to improved patient outcomes, and we are committed to ensuring that evidence-based practices for the prevention, diagnosis and treatment of cancer are available to all Americans, including Medicare beneficiaries.

We appreciate the opportunity to provide comment on the policies finalized by CMS in the Final Rule. Our comments focus on the CMS decision to finalize the use of the high-expenditure by specialty screen as a mechanism of identifying potentially misvalued codes and the potentially adverse consequences for patient access to oncology care.

ASCO opposes the use of the “high expenditure by specialty screen” to identify potentially misvalued codes. The methodology is overly inclusive and fails to target codes that are likely to be misvalued.

The high-expenditure by specialty screen process for identifying potentially misvalued codes does not satisfy the Congressional intent of section 220 of the Protecting Access to Medicare Act of 2014. The screen fails to identify codes
that may be inappropriately valued because it focuses on aggregate code-level expenditures rather than traditional indicators of misvaluation, including irregular billing patterns. Identifying codes as potentially misvalued on the basis of utilization is inefficient and will create unnecessary administrative burdens on CMS staff and professional societies in the physician community.

**CMS should reverse its designation of the chemotherapy administration codes identified as potentially misvalued and maintain the current valuations. Failure to maintain the current levels of reimbursement could undermine patient access to cancer services.**

It is critical that CMS ensure that reimbursement levels for chemotherapy administration remain at no less than the current levels to maintain patient access to cancer care services for Medicare beneficiaries. The Agency identified eight CPT codes (96360, 96372, 96374, 96375, 96401, 96402, 96409 and 96411) as potentially misvalued as a result of the high-expenditure by specialty screen in the Final Rule. As discussed elsewhere in this letter, the high-expenditure by specialty screen is an inherently flawed methodology for identifying potentially misvalued codes.

The weight of the evidence indicates the chemotherapy administration codes identified by CMS as potentially misvalued are already appropriately valued and that adjustments to their valuations could lead to diminished patient access. For example, in January 2013 the American Medical Association’s RVU Update Committee (RUC) reviewed a related set of CPT codes (96413, 96415, 96417, 96365, 96366, 96367 and 96368) and recommended no changes to the work RVUs. There have also not been significant advances in the delivery of chemotherapy over the past decade that would decrease the resources or work necessary to deliver chemotherapy. Both of these factors weigh heavily in indicating that the identified CPT codes are not overvalued.

Given this evidence, we urge CMS to reverse its designation of CPT codes 96360, 96372, 96374, 96375, 96401, 96402, 96409 and 96411 as potentially misvalued codes and maintain reimbursement at no less than the current reimbursement levels to protect patient access to cancer care services for Medicare beneficiaries.

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Thank you for the opportunity to provide comments on the 2016 Medicare Physician Fee Schedule Final Rule with Comment period. Should you have any questions please do not hesitate to contact Sybil Green at Sybil.Green@asco.org.

Sincerely,

Julie M. Vose, MD, MBA, FASCO
President
American Society of Clinical Oncology