ASCO Practice Leadership Series

The CMS Radiation Oncology Model & Preparing for 2021

Thursday, November 19, 4:00pm
Agenda

• Introduction to the CMS Radiation Oncology Model

• Preparing for 2021
  • The Medicare Physician Fee Schedule Proposed Rule
  • The Outpatient Prospective Payment System Proposed Rule
  • New E&M Codes for 2021
Speakers

Brian Bourbeau
Division Director, Practice Health Initiatives
ASCO Clinical Affairs

Marcie O’Reilly
Team Lead, Radiation Oncology Model
Center for Medicare and Medicaid Innovation

Speakers

Gina Baxter
Associate Director, Coverage & Reimbursement
ASCO Policy & Advocacy

Allison Hirschorn
Senior Coding & Reimbursement Specialist
ASCO Clinical Affairs
Radiation Oncology (RO) Model

Center for Medicare and Medicaid Innovation (CMMI)
Centers for Medicare & Medicaid Services (CMS)
Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures Final Rule

Date: November 19, 2020
This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.
The Radiation Oncology (RO) Model will test whether prospective, site neutral, episode-based payments for radiotherapy (RT) episodes of care reduces Medicare program expenditures while preserving or enhancing quality of care for Medicare beneficiaries.

- Objectives:
  1. Support clinical practice transformation by encouraging physicians to provide high-quality, evidence-based care to drive better patient outcomes, decrease Medicare costs, and improve the beneficiary experience;
  2. Reduce administrative burden through a simplified and predictable payment system that moves Medicare toward site-neutrality; and,
  3. Improve beneficiary experience by rewarding high-quality patient-centered care and incentivize high-value RT that results in better quality of care and patient outcomes.
The objectives of the site-neutral payment policy are to:

- Address the site-of-service payment differential that exists under the OPPS and PFS by establishing a common payment amount to pay for the same services regardless of where they are furnished.
- Offer RT providers and RT suppliers more certainty regarding the pricing of RT services.
- Remove incentives that promote the provision of RT services at one site of service over another.
RO Model Design Elements

• Required participation for Physician Group Practices (PGPs), Freestanding Radiation Therapy Centers, and Hospital Outpatient Departments (HOPDs) that meet the following:
  ✓ Operate in one or more of the randomly selected CBSAs
  ✓ Provide included RT services for 1 or more of 16 selected cancer types
  ✓ Provided 20 or more episodes in the most recent calendar year across the randomly selected CBSAs, based on available claims data

• 90-day episodes for the Professional component and Technical component of RT services
• Prospective, site neutral episode payment with an annual retrospective payment reconciliation
• Advanced Alternative Payment Model (AAPM) and Merit-based Incentive Payment System (MIPS) APM under CMS Quality Payment Program (QPP)
Prospective payments for certain RT services furnished during a 90-day episode of care for 16 cancer types.

Payments cover select RT services furnished during an episode; not total cost of all care.

• Episodes split into two components – the Professional Component (PC) and the Technical Component (TC).

• Episode payments made in two installments, 50% at the start of the episode and 50% when radiation treatment has ended.
• Physician Group Practices (PGPs) are identified by a single Tax ID Number (TIN) and furnish the PC of RT services.

• Hospital Outpatient Departments (HOPDs) are identified by a single CMS Certification Number (CCN) and furnish only the TC of RT services

• Freestanding Radiation Therapy Centers are identified by a single TIN and can furnish both the PC and TC of RT services.
The Help Desk can be reached at 1-844-711-2664, option 5

• RO participants must first call the RO Model Help Desk to receive their Model ID number. Be ready to provide your TIN or CCN to receive your ID (Note that you may provide your CCN by email but you may never provide your TIN by email). You will also need to supply the first and last name of a primary contact and their email.

• The Model ID number is critical; RO participants need it to log into the Radiation Oncology Administrative Portal (ROAP), the RO Model Secure Data Portal, and the Radiation Oncology Connect site.
The ROAP is an online platform that is used to:
• Track participant information through the participant profile page
• Access and review organizational data
• Update participant information and contacts
• Download and submit Data Request and Attestation (DRA) forms
• Access participant specific data, including Historical Experience and Case Mix adjustments, and Performance Reports.
• Attest to CEHRT, revise the IPL, and attest to PSO

https://app.innovation.cms.gov/ROAP
Accessing ROAP

It is important that you access the ROAP to:

- Add/update points of contact
- Confirm the information in the participant list
- Indicate if you will choose the low-volume opt-out option, if you are eligible

To access the ROAP, navigate to the [https://app.innovation.cms.gov/ROAP](https://app.innovation.cms.gov/ROAP) and select “Register Here.”

**TO REGISTER:**

You will need to enter in:

- Model ID
- TIN or CCN
- First name of POC
- Last name of POC
- Email address
• The RO Model Secure Data Portal is the platform via which RO participants have the opportunity to receive different types of files from CMS, including beneficiary line-level claims data, episode-level data, and participant-level clinical and quality data.

• To request this data, RO participants will use a Participant Data Request and Attestation (DRA) form, which will be available on ROAP.

• The RO Model Secure Data Portal is the vehicle through which RO participants will submit quality measures and clinical data elements.

https://portal.cms.gov
RO Model Help Desk
Model design and policy questions

RadiationTherapy@cms.hhs.gov
1-844-711-2664, option 5
Please submit all questions in the Q&A box at the right.

Questions will be addressed at the end of the webinar in the order they are received.
2021 Physician Fee Schedule Proposed Rule
Telehealth

Audio-Only

• Proposing new coding and billing for audio-only services
• 2021 forward

Direct Supervision

• Proposing to allow supervision through A/V technology
• Through the end of 2021 or the PHE, whichever is later

Telehealth Covered Services List

• Permanently add ~10 codes
• Temporarily add another set of ~10 codes until the end of 2021 or the year in which the PHE expires

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## Telehealth

### Permanent Addition

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90853</td>
<td>Group Psychotherapy</td>
</tr>
<tr>
<td>99334-99335</td>
<td>Domiciliary, Rest Home, or Custodial Care services, Established patients</td>
</tr>
<tr>
<td>99347-99348</td>
<td>Home Visits, Established Patient</td>
</tr>
<tr>
<td>99483</td>
<td>Cognitive Assessment and Care Planning Services</td>
</tr>
<tr>
<td>GPC1X</td>
<td>Visit Complexity Inherent to Certain Office/Outpatient E/Ms</td>
</tr>
<tr>
<td>99XXX</td>
<td>Prolonged Services</td>
</tr>
<tr>
<td>96121</td>
<td>Psychological and Neuropsychological Testing</td>
</tr>
</tbody>
</table>

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## Telehealth

### Temporary Addition

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99336 - 99337</td>
<td>Domiciliary or rest home visit, evaluation and management of an established patient</td>
</tr>
<tr>
<td>99349 - 99350</td>
<td>Home visit for the evaluation and management of an established patient</td>
</tr>
<tr>
<td>99281 - 99283</td>
<td>Emergency department visit for the evaluation and management of a patient (Levels 1-3)</td>
</tr>
<tr>
<td>99315 - 99316</td>
<td>Nursing facility discharge day management</td>
</tr>
<tr>
<td>96130 - 96133</td>
<td>Psychological and neuropsychological testing</td>
</tr>
</tbody>
</table>
Electronic Prescribing of Controlled Substances

- SUPPORT Act
  - Part D
  - Controlled Substances
  - January 1st, 2021
- RFI July 2020
- Rule proposes January 1st, 2022
NOTICE: The EDUCATIONAL AND OPERATIONS TESTING PERIOD for the AUC Program has been extended through CY 2021. There are no payment consequences associated with the AUC program during CY 2020 and CY 2021. We encourage stakeholders to use this period to learn, test and prepare for the AUC program.

Background

The Protecting Access to Medicare Act (PAMA) of 2014, Section 218(b), established a new program

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program
Page last modified 8/12/2020
2021 Hospital Outpatient Prospective Payment System Proposed Rule
Prior Authorization

• 2020 CMS finalized prior authorization for 5 services, which went into effect on July 1, 2020
  • blepharoplasty, botulinum toxin injections, panniculectomy, rhinoplasty, and vein ablation

• In 2021, CMS proposing an additional 2 services effective July 1, 2021
  • cervical fusion with disc removal and implanted spinal neurostimulators
Inpatient Only List

• CMS proposing to eliminate the inpatient only list, phasing out the list over 3 years with complete elimination by January 1, 2024.

• 1,740 services currently, reviewed annually for additions/removal through rulemaking

• Oncology services: gynecology oncology, laparoscopic, tumor removal
2021 Evaluation and Management Coding Changes

Allison Hirschorn
Senior Coding and Reimbursement Specialist

Practice Leadership Meeting
November 19th, 2020
Overview of the Changes
2021 Evaluation and Management Coding Changes

- As of January 1, 2021, there will be significant changes to the office and outpatient Evaluation and Management (E/M) services (CPT® codes 99202-99215) for both new and established patients.

- The changes have been finalized by the CPT Editorial Panel and Medicare and are accurate as described as of today. ASCO is actively engaged on these issues and will alert members of any changes.

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Overview: Deletion of CPT ® Code 99201

- CPT ® code 99201 (level 1, new patient) will be deleted as of January 1st, 2021.

- CPT ® code 99211 (established patient, level 1) will remain as a reportable service.
Overview: History and Exam in 2021

- Currently, history and exam are two of the three key components (along with medical decision making) used to select the appropriate E/M service.

- In 2021, history and exam will no longer be used to select an E/M service, but a “medically appropriate history or examination” must be performed in order to report CPT ® codes 99202-99215.

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Overview: Selecting an E/M Code in 2021

In 2021, E&M code selection will be based on either:

1) The level of **medical decision making** (MDM).

OR

2) The **time** spent performing the service on the day of the encounter.

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Overview: New Prolonged Service Code

- A new CPT® code (99417) has been created to describe a prolonged office and outpatient E/M service of 15 minutes beyond the total time of the primary E/M procedure (either CPT® codes 99205 or 99215).
What Practices Need to Do Now
What Practices Need to Do Now

✓ Create a committee or workgroup to manage the transition and create a to-do list.
✓ Contact EHR vendors regarding updates to the system.
✓ Review EHR templates and revise as necessary.
✓ Review administrative processes and workflows.
✓ Provide staff with educational opportunities and resources.
Resources & Educational Opportunities: ASCO Practice Central

ASCO will be providing resources on ASCO Practice Central (practice.asco.org) for the remainder of 2020 and into 2021 to assist with the transition.

Resources currently available:

- ASCO’s Guide to 2021 Evaluation & Management Changes
- Changes to Evaluation and Management Codes in 2021
- Nine Essential Tips to Prepare Your Practice
- Time in 2021
- New Prolonged Services Code and Other Prolonged Services Changes
- Selecting an E/M code Based on Medical Decision-Making
- Sample Transition Checklist
Resources & Educational Opportunities: American Medical Association

Other resources from the American Medical Association include:

CPT® Evaluation and Management
Basic overview of the changes

CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes

CPT E/M Office Revisions: Level of Medical Decision Making (MDM)

10 tips to prepare your practice for E/M office visit changes

Implementing CPT Evaluation and Management (E/M Revisions)
Resources & Educational Opportunities: American Medical Association

**Office Evaluation and Management (E/M) CPT code Revisions Educational Modules**

Office Evaluation and Management (E/M) CPT Code Revisions
*Provides an overview of the new E/M code revisions and shows how it will differ from current coding requirements and terminology.*
https://edhub.ama-assn.org/interactive/18057429

Revisions to the CPT E/M Office Visits: New Ways to Report Using Time
*Overview of the differences between selection of codes based on time currently and in 2021.*
https://edhub.ama-assn.org/cpt-education/interactive/18461930

Revisions to the CPT E/M Office Visits: New Ways to Report Using Medical Decision Making (MDM)
*Overview of how to select codes based on medical decision making in 2021.*
https://edhub.ama-assn.org/cpt-education/interactive/18461932
Questions
Questions: E/M Changes

Questions regarding the changes to the E/M codes (or any other inquiries) can be sent to billingandcoding@asco.org.
Upcoming Events

• Next Practice Leadership Call
  • Thursday January 21
  • 4:00pm EST
  • Topic: TBD
    • Register at https://practice.asco.org/practice-support/practice-benchmarking/practicenet/practice-leadership-calls
Practice Leadership Calls

The PracticeNET program hosts Practice Leadership calls on the 3rd Thursday of many months to address issues relevant to oncology practice. Anyone is welcome to join, but these calls are primarily aimed at practice administrators and other practice leadership.

Click here to view and register for upcoming Practice Leadership calls.

See below for archives of past calls.

August 2020 Practice Leadership Call

- Slides from the August 2020 Practice Leadership call
- Watch the full video of the August 2020 call
- Visit the CMS 2021 Proposed Rule for OPPS Page
- Visit the CMS 2021 Proposed Rule for OPPS Page