



September 12, 2019

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-5527-P
P.O. Box 8013
7500 Security Boulevard
Baltimore, MD 21244-8013
Submitted electronically: <http://www.regulations.gov>

Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures

Dear Administrator Verma:

The Society of Interventional Radiology (SIR) is a professional medical association that represents approximately 7,500 members, including most US physicians who are practicing in the specialty of vascular and interventional radiology. The Society is dedicated to improving public health through pioneering advances in minimally-invasive, image-guided therapies. SIR appreciates the opportunity to provide written comments on the “Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures” proposed rule as published in the Federal Register on July 18, 2019.

The Centers for Medicare & Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation (Innovation Center) are proposing a Radiation Oncology (RO) Model. The aim of this model would be to test whether prospective episode-based payments to physician group practices (PGPs), hospital outpatient departments (HOPD), and freestanding radiation therapy centers for radiotherapy (RT) episodes of care would reduce Medicare expenditures while preserving or enhancing the quality of care for Medicare beneficiaries. CMS believes this patient-centric and provider-focused model would improve the quality of care cancer patients receive and improve patient experience by rewarding high-quality patient-centered care that results in better outcomes through a prospective, episode-based payment methodology.

SIR applauds the Agency for exploring options to improve quality care for cancer patients. We offer the following comments related to the treatment of liver cancer.

Proposed RO Model Episodes

CMS is proposing that the RO Model's include cancer types that are commonly treated with radiation therapy (RT) and that can be accurately priced for prospective episode payments. One of the 17 cancer types that CMS believes meet their proposed criteria is liver cancer. Table 1: Identified Cancer Types and Corresponding ICD-9 AND ICD-10 CODES includes the following codes for liver cancer:

- IDC9: 155.xx, 156.0x, 156.1x, 156.2x, 156.8x, 156.9x
- ICD10: includes C22.xx, C23.xx, C24.xx

Proposed Included RT Services

CMS states in the proposed rule that the RO-APM would exclude low volume RT services from the RO Model. These include certain brachytherapy surgical procedures, neutron beam therapy, hyperthermia treatment, and *radiopharmaceuticals*. CMS proposes to exclude these services from the Model because they are not offered in sufficient amounts for purposes of evaluation.

Table 2: List of RO Model Bundled HCPCS includes C2616 Brachytx, non-str, yttrium-90 and Q3001 Brachytherapy radioelements.

Recommendation

Radioembolization, using Yttrium-90 (Y90), is a minimally invasive procedure that combines targeted embolization with radiation therapy to treat liver cancer. Tiny glass or resin beads containing the radioactive isotope yttrium-90 are selectively delivered to the blood vessels that directly feed the tumor. Interventional radiologists commonly treat liver cancer patients with Y90.

The Y90 radiopharmaceutical is currently reported in Medicare with C2616 or Q3001. CMS explains in the proposed rule that they intended to exclude radiopharmaceuticals. As such, we believe that Y90 is a radiopharmaceutical (reported with C2616/Q3001) and was inadvertently included in the RO-APM model.

Practice models vary in the treatment of liver cancer (i.e. interventional radiologist alone, interventional radiologist plus a radiation oncologist or a radiation oncologist alone). Due to the various specialty mixes, SIR believes that liver cancer is not suitable for inclusion in the RO-APM Model. As such, we request CMS modify the proposal to exclude liver cancer from the RO-APM and continue to reimburse under fee for service in Medicare.

SIR appreciates the opportunity to provide feedback on this proposed policy. If any additional information is required, please contact Sue Sedory, SIR Executive Director at ssedory@sirweb.org.

Sincerely,



Laura Findeiss, MD, FSIR
President

Cc: Sue Sedory, Executive Director

DRAFT