

# issues

## Recognizing Our Victories and Challenges

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**N**ovember saw the release of the final 2014 Physician Fee Schedule (PFS) and Hospital Outpatient Prospective Payment System (OPPS) rules. On pages 12-24 Cindy Parman, CPC, CPC-H, RCC, provides an excellent summary of the coding and billing changes associated with these final rules. ACCC members can also access a recording of the Dec. 12, 2013, ACCC conference call summarizing these final rules. However, I wanted to be sure that everyone is aware of some of the “victories” that likely would not have happened had ACCC and other stakeholders not submitted formal comments to the proposed PFS and OPPS rules to the Centers for Medicare & Medicaid Services (CMS) over the summer.

For 2014, CMS was proposing significant changes—in both sites of service—that could have drastically altered how cancer care is delivered in the community setting.

For example, in the hospital outpatient department (HOPD), CMS proposed to bundle together numerous services, including chemotherapy administration. The agency also proposed to collapse the five levels of E&M codes to one level.

On the physician office side, for more than 200 codes, CMS proposed to cap payments at the same level as other sites of service, including some radiation oncology codes, which could have had a detrimental effect on those services being offered in certain settings.

ACCC submitted comments and testified before an advisory panel to CMS in August 2013, to voice our concerns with many of these proposed changes. We believed that these changes would have serious nega-

tive effects on cancer programs and cancer service lines, and we wanted to ensure that the agency was aware of the impact these changes might have.

The important takeaway: If ACCC and other stakeholders had not submitted comments, CMS likely would have assumed its proposed changes were fine, and therefore implemented the changes in 2014 as proposed. Remember, the comment period is our opportunity to inform CMS of what these changes would mean to our patients and to those of us “on the ground, in the community.” Last year’s comments were especially critical, given the complexity of many of the proposed changes for 2014.

So where were we victorious? On the hospital outpatient side, CMS did not finalize the proposal to bundle payments for chemotherapy administration. Codes for additional hours of infusion, sequential infusions, and/or other services used during treatment will continue to be paid separately.


CMS did not finalize its proposal to cap payment rates in the physician office setting at the same payment rates as other sites of service. ACCC believes these cuts appeared to be arbitrary and would have negatively impacted cancer programs across the country.

ACCC believes that the exclusion of these proposals from the final rules will mean more stable reimbursement for 2014.

Unfortunately, the news was not all good.

Medical oncology is still slated to receive a roughly 2 percent decline in reimbursement in the physician office setting, due to changes in the Medicare Economic Index.

In addition, CMS did collapse the E&M codes for clinic visits in the HOPD from five codes into one code with reimbursement at about a level three E&M code. ACCC has concerns that this change will have a significant impact on cancer service lines. According to an informal survey of ACCC member hospitals conducted in 2013, oncologists who see new patients with a cancer diagnosis code typically bill the office visit using a level four or five E&M code.

ACCC will continue to participate in the rulemaking process by providing comments to CMS on behalf of its membership. Submitting comments to the agency—whether on proposed rules, local coverage decisions, or national coverage decisions—is an important step to ensure continued access to quality cancer care. We encourage ACCC members to make their voices heard as well. If you are interested in commenting to CMS on future proposals and do not know where to start, we can help. Email Matt Farber at [mfarber@acc-cancer.org](mailto:mfarber@acc-cancer.org) or Sydney Abbott at [sabbott@acc-cancer.org](mailto:sabbott@acc-cancer.org). 

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