

REIMBURSEMENT CHANGES THAT IMPACT YOU

Digging Deeper – 2026 MPFS Proposed Rule

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MPFS: Published Overall Impact on Radiation Oncology

Specialty	Allowed Charges (mil)	Impact of Work RVU Changes	Impact of PE RVU Changes	Impact of MP RVU Changes	Combined Impact
Radiation Oncology and Radiation Therapy Centers	\$1,502	-1%	-1%	0%	-1%

Specialty	Total/Nonfacility/Facility	Allowed Charges (mil)	Combined Impact
Radiation Oncology and Radiation Therapy Centers	Total	\$1,502	-1%
	Nonfacility	\$1,006	-1%
	Facility	\$496	-2%

Distribution of Practitioners by % Change in Total RVUs and IMPACT Specialty
NPRM2026 (using 2024 CCW claims)

Impact Specialty		Practitioners (thousands)	% Change in Total RVUs <i>per practitioner</i>										
			< -%20	-20% to < -10%	-10% to < -5%	-5% to < -2%	-2% to < -1%	-1% to < 1%	1% to < 2%	2% to < 5%	5% to < 10%	10% to < 20%	>=20%
37	RADIATION ONCOLOGY AND RADIATION THERAPY CENTERS	5	0%	5%	13%	42%	9%	11%	3%	7%	6%	2%	1%

Digging Deeper...

Efficiency Adjustment

Practice Expense

- Redistribution of Indirect Practice Expense
- Use of AMA PPIS to inform PE Update

Treatment Delivery Codes & IGRT

- Use of HOPPS data to inform PE

ROCR

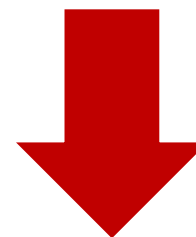
EFFICIENCY ADJUSTMENT

CPT Code	Mod	2026 Short Descriptor	2026 Status	2026 Global	CY 2026 Proposed Physician Work	CY 2025 FINAL Physician Work	% Change Work RVUs
77427		Radiation tx management x5	A	XXX	3.37	3.37	0.0%
77301		Radiotherapy dose plan imrt	A	XXX	7.79	7.99	-2.5%
77263		Ther radiology tx plng cplx	A	XXX	3.06	3.14	-2.5%
77301	26	Radiotherapy dose plan imrt	A	XXX	7.79	7.99	-2.5%
77334	26	Radiation treatment aid(s)	A	XXX	1.12	1.15	-2.6%
99205		Office o/p new hi 60 min	A	XXX	3.50	3.50	0.0%
77338		Design mlc device for imrt	A	XXX	4.18	4.29	-2.6%
77338	26	Design mlc device for imrt	A	XXX	4.18	4.29	-2.6%
77435		Sbrt management	A	XXX	11.57	11.87	-2.5%
77300	26	Radiation therapy dose plan	A	XXX	0.60	0.62	-3.2%
77300		Radiation therapy dose plan	A	XXX	0.60	0.62	-3.2%

PRACTICE EXPENSE – REDISTRIBUTION OF INDIRECT PE



4%



-7%

PRACTICE EXPENSE – USE OF AMA PPIS DATA TO INFORM PE UPDATE

Expense Category	2010 Physician Time Weighted Radiation Oncology PE/HR	2024 PPIS PE/HR	Difference
Direct PE per hour	\$ 126.20	\$ 58.79	-53%
Indirect PE per hour	\$ 165.10	\$ 118.12	-28%
Total PE per hour	\$ 291.30	\$ 176.91	-39%

PRACTICE EXPENSE – USE OF AMA PPIS DATA TO INFORM PE UPDATE

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2015-2025: Deleted

G6001	Echo guidance radiotherapy
G6002	Stereoscopic x-ray guidance
G6003	Radiation treatment delivery
G6004	Radiation treatment delivery
G6005	Radiation treatment delivery
G6006	Radiation treatment delivery
G6007	Radiation treatment delivery
G6008	Radiation treatment delivery
G6009	Radiation treatment delivery
G6010	Radiation treatment delivery
G6011	Radiation treatment delivery
G6012	Radiation treatment delivery
G6013	Radiation treatment delivery
G6014	Radiation treatment delivery
G6015	Radiation tx delivery imrt
G6016	Delivery comp IMRT
G6017	Intrafraction track motion
77014	CT image guidance
77385	IMRT, includes guidance and tracking, when performed; Simple
77386	IMRT, includes guidance and tracking, when performed; Complex
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed

2026 Code Structure

77402 Radiation treatment delivery, ≥ 1 MeV; Simple

77407 Radiation treatment delivery, ≥ 1 MeV; Intermediate

77412 Radiation treatment delivery, ≥ 1 MeV; Complex

Revised to consolidate and more clearly specify services provided for radiation treatment delivery

77417 Therapeutic radiology port image(s)

77387 Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed

Using OPPS Data for MPFS Rate Setting: *The Good*

- CMS believes using HOPPS data is more predictable and transparent.
 - Aligns with ROCR use of hospital data to set rates for site neutral episode-based payments
- CMS acknowledges ASTRO's concerns about payment stability for high-cost RT equipment in MPFS.
- ASTRO advocacy contributed to CMS NOT using AMA PPI survey data to update practice expense/hour
 - Would have resulted in 40% reduction in PE/HR

Using OPPS Data for MPFS Rate Setting: *The Bad*

- CMS must use the appropriate hospital outpatient data to establish the physician fee schedule PE RVUs
- The proposed non facility PE RVUs are not correct, as they do not reflect the code revisions.
- For example, effective 1/1/26, CPT code 77407 will typically be used to report IMRT. More specifically, the physician fee schedule non facility payment should be linked to existing hospital data for CPT codes 77385/77386.

Radiation Treatment Delivery			
CPT Code	<u>2026 Long Descriptor</u>	<u>CMS Proposed Computed Non Facility PE Payment</u>	<u>Mean Data Hospital Cost</u>
77402	Radiation treatment delivery; Level 1 (for example, single electron field, multiple electron fields, or 2D photons), including imaging guidance, when performed	2.69 x \$33.4209 = \$89.90	
77407	Radiation treatment delivery; Level 2, single isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	6.43 x \$33.4209 = \$214.90	CPT Code 77385: \$577 CPT Code 77386: \$643
77412	Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (for example, 2D, 3D, or IMRT) OR a single isocenter photon therapy (eg, 3D or IMRT) with active motion management, OR total skin electrons, OR mixed electron/photon field(s), including imaging guidance, when performed	14.37 x \$33.4209 = \$480.26	CPT Code 77385: \$577 CPT Code 77386: \$643

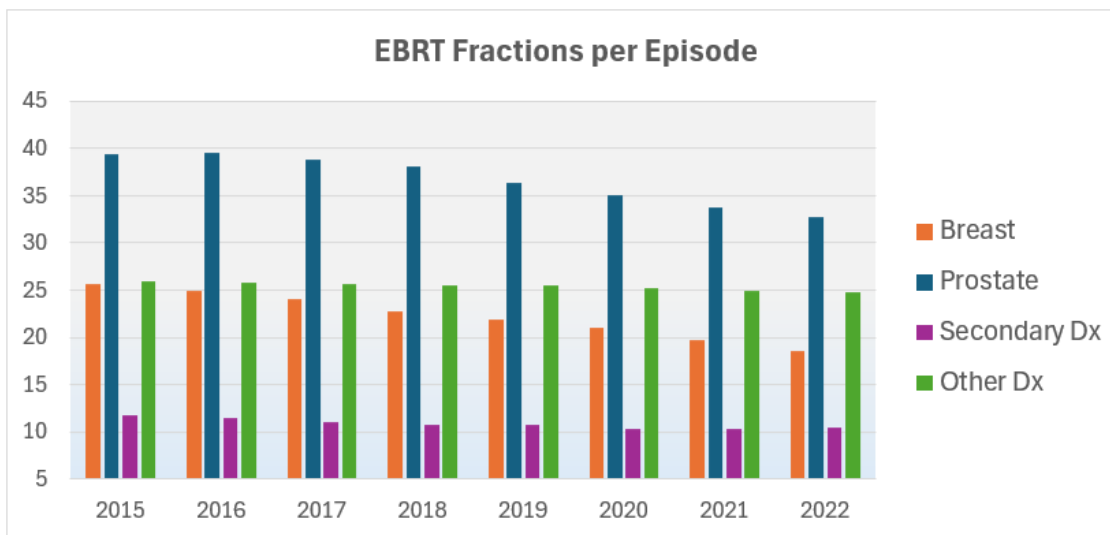
ROCR = RATE STABILITY

- Fee for services remains unstable
- Years of technical cuts and now physician work cuts
- Changes yet to come to practice expense methodology
- Revenue undermined by high quality care (hypofractionation)

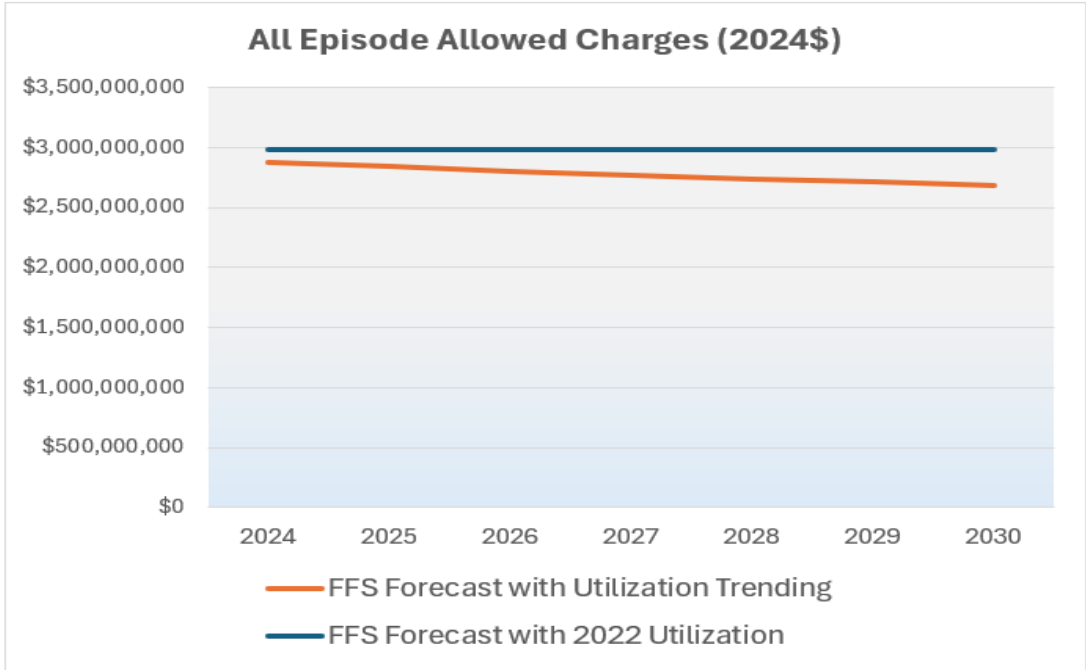
Fractionation Trends

Breast and prostate EBRT episodes have lost an average of 7.2 and 6.7 fractions, respectively, between 2015 and 2022. Metastatic disease and other diagnosis episodes have lost about a fraction over the same period.

Breast and prostate episodes together account for 35% of all radiotherapy cases treated in outpatient hospital departments and 40% of cases treated in freestanding centers.



Episode Year	Breast	Prostate	Secondary Dx	Other Dx
2015	25.7	39.5	11.8	25.9
2016	25.0	39.5	11.5	25.8
2017	24.0	38.9	11.1	25.7
2018	22.8	38.1	10.8	25.6
2019	21.9	36.4	10.8	25.5
2020	21.1	35.0	10.3	25.2
2021	19.8	33.8	10.3	24.9
2022	18.5	32.8	10.5	24.8

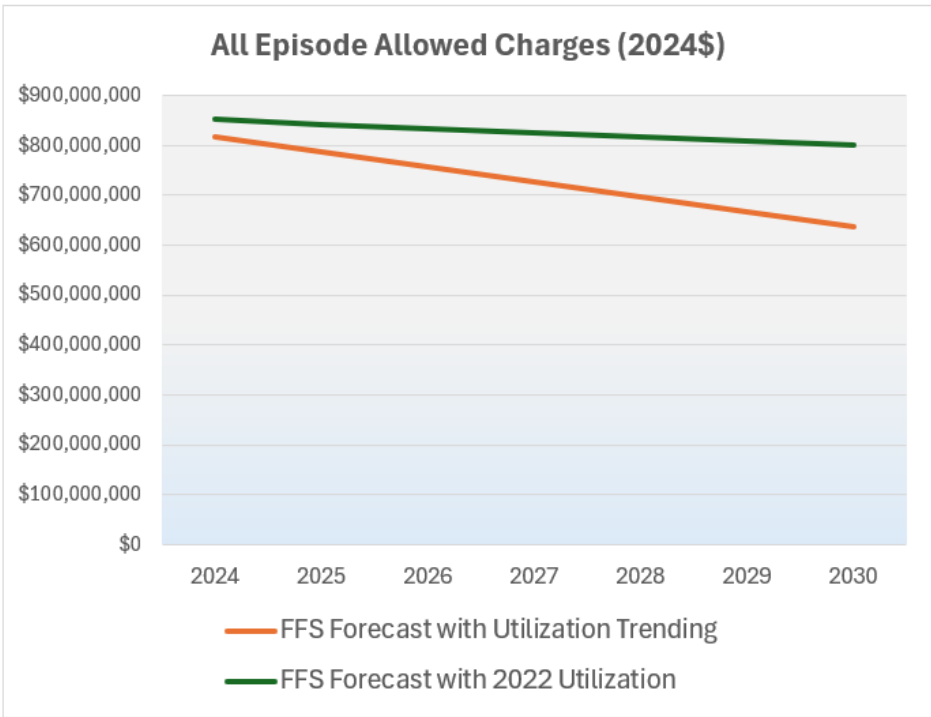


Revenue Projections

Hospital TC

When all radiotherapy episodes are considered, **aggregate losses of \$1.4B** are estimated through the end of the decade.

Episode Year	FFS Forecast w Utilization Trend	FFS Forecast at 2022 Utilization
2024	\$2,876,678,000	\$2,986,655,000
2025	\$2,840,131,000	\$2,986,655,000
2026	\$2,804,926,000	\$2,986,655,000
2027	\$2,771,724,000	\$2,986,655,000
2028	\$2,741,125,000	\$2,986,655,000
2029	\$2,713,132,000	\$2,986,655,000
2030	\$2,687,294,000	\$2,986,655,000
total charges	\$19,435,010,000	\$20,906,585,000
difference	-\$1,471,575,000	
(%)	-7.04%	

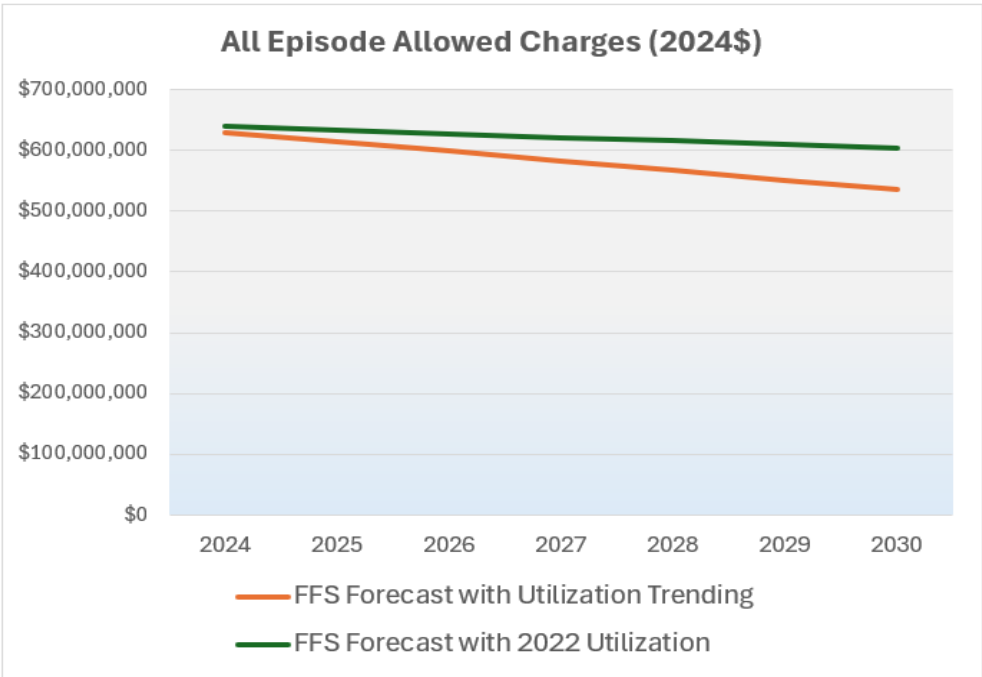


Revenue Projections

Freestanding TC

When all radiotherapy episodes are considered, aggregate losses of \$700M are estimated through the end of the decade.

Episode Year	FFS Forecast w Utilization Trend	FFS Forecast at 2022 Utilization
2024	\$816,091,000	\$851,650,000
2025	\$786,287,000	\$843,134,000
2026	\$756,483,000	\$834,703,000
2027	\$726,679,000	\$826,356,000
2028	\$696,875,000	\$818,092,000
2029	\$667,071,000	\$809,911,000
2030	\$637,267,000	\$801,812,000
total charges	\$5,086,753,000	\$5,785,658,000
difference		-\$698,905,000
(%)		-12.08%



Revenue Projections

Physician PC

When all radiotherapy episodes are considered, aggregate losses of \$271M are estimated through the end of the decade.

Episode Year	FFS Forecast w Utilization Trend	FFS Forecast at 2022 Utilization
2024	\$630,361,000	\$640,788,000
2025	\$614,621,000	\$634,380,000
2026	\$598,880,000	\$628,036,000
2027	\$583,140,000	\$621,756,000
2028	\$567,400,000	\$615,538,000
2029	\$551,659,000	\$609,383,000
2030	\$535,919,000	\$603,289,000
total charges	\$4,081,980,000	\$4,353,170,000
difference		-\$271,190,000
(%)		-6.23%

ROCR Goals

- Increase patient access to care
- Enhance quality of cancer treatments
- Reduce disparities for rural and underserved patients
- Lower Medicare spending and patient costs.



How ROCR Works

Base payment rates published by Medicare for 15 common cancer types

Applies annual inflation update and savings adjustment

Incentive payment for practice accreditation to ensure quality

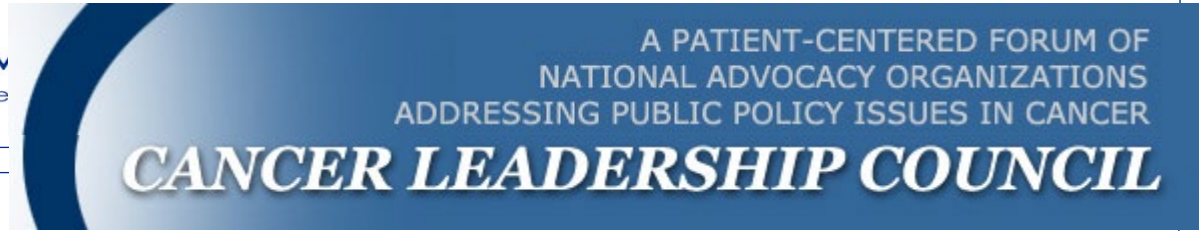
Additional HEART payment to cover transportation services for eligible rural/underserved patients





ROCR Supporters: 114

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RCCS Revenue Cycle Coding Strategies
Reflexion
Renaissance Institute of Precision Oncology & Radiosurgery
Rocky Mountain Cancer Center Rad Onc
Saint Francis Hospital and Medical Center
SERO
Siemens Healthineers
Society for Radiation Oncology Administrators (SROA)
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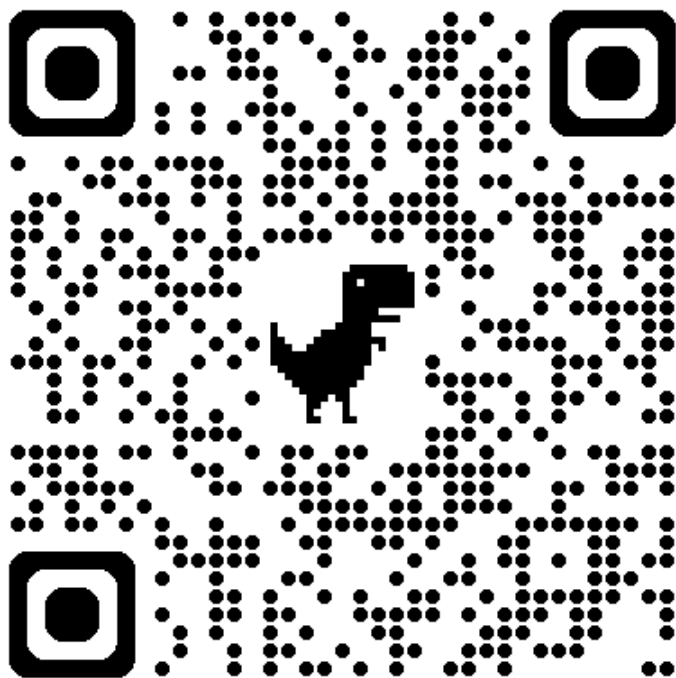
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the ROCR Act**



**Sign on in Support of the
ROCR Act**

