



## **SOCIETY FOR RADIATION ONCOLOGY ADMINISTRATORS**

5272 River Road, Suite 630 • Bethesda, MD 20816 • 866-458-7762 • Fax 301-656-0989 • www.sroa.org

July 13, 2011

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-3248-P  
Mail Stop C4-26-05  
7500 Security Blvd.  
Baltimore, MD 21244-1850

**42 CFR Part 141**

**CMS-3248-P**

**Medicare Program: Proposed Changes to the Electronic Prescribing (eRx) Incentive Program Proposed Rule**

The Society for Radiation Oncology Administrators (SROA) Board Comments on Hardship Additions for the Electronic Prescribing (eRx) Incentive Program

Dear Sir or Madam:

SROA is a nonprofit professional society that represents administrators and managers who oversee radiation therapy departments in hospitals and freestanding clinics throughout the United States. Based on our members' responsibilities and concerns, the SROA Board of Directors is asking CMS and HHS to consider the specialty of radiation oncology in its rulemaking on eRx hardships.

Radiation oncology departments in the United States treat more than 23.4 million patients a year, and Radiation Oncologists manage patient care throughout the treatment process. Because the current structure of the CMS/HHS incentive program does not recognize our specialty and the medications prescribed, we have provided a sample of the possible medications involved and the dearth in data this represents in the vital statistics that CMS and HHS are collecting.

Based on a system that relies on "patient visits" and a limited set of procedure codes to determine eligibility for the eRx program, the denominators associated with radiation oncology are not currently accepted as valid for the eRx incentive. As a result, we request that radiation oncologists and other eligible professionals involved in caring for patients undergoing a course of radiation therapy should be included in this year's hardship designations and that future rulemaking should remedy this oversight permanently.

**Background**

SROA members have identified a concern surrounding eRx reporting for radiation oncologists and other eligible participants (EPs) when the patient undergoes a course of radiation therapy. This difficulty affects both individual physicians and group practices due to an unrecognized denominator. The radiation oncologist performs an initial evaluation, obtains informed consent and initiates patient treatment. The patient may receive 10 to 40 treatments, during which the radiation oncologist may prescribe medications for conditions related to the neoplastic process, related to the sequelae of the radiation treatment or for unrelated conditions. The patient encounters that occur during each five-radiation treatments are not reported with patient visit codes. The only patient visit codes reported occur during the initial patient visit (where no medications are typically prescribed) and after radiation treatment.

To provide essential information on the effect this omission may have on the CMS database, following are the conditions and medications represented in radiation oncology (taken from Dziuk TW. Commonly Prescribed Medications in Radiation Oncology. 9th ed: Southwest Regional Cancer Center; Austin, Texas. [http://timdziuk.com/downloads/side\\_effects\\_manual.pdf](http://timdziuk.com/downloads/side_effects_manual.pdf)):

- The systems involved include skin, head and neck, thorax, breast, gastrointestinal tract, genitourinary, gynecological, and nerves.
- Medications commonly prescribed in radiation oncology include, but are not limited to:
  - antifungal and wound-healing antibiotics
  - antacids/hypersecretion medications
  - antidiarrheal
  - antiflatulants
  - appetite stimulants
  - oral/enteral supplements
  - laxatives
  - analgesics/antispasmodics
  - narcotic antagonist
  - nonopioid analgesics
  - opioid analgesics for mild pain
  - opioid analgesics for severe pain (Class II narcotic)
  - coanalgesics
  - antianxiety
  - antidepressants
  - benzodiazapine receptor antagonist
  - antipsychotics
  - hypnotics/sleep aids
  - sedatives

It is SROA's understanding that to be eligible for the incentive program, an individual's or group's Medicare Part B Physician Fee Schedule (PFS) charges for codes in the denominator of the measure must comprise at least 10 percent of its allowed charges for 2010. Unfortunately, the 55 codes that CMS lists, and the additional ones that are proposed, do not include the ongoing management codes regularly applied in radiation therapy.

In addition, eligible professionals in radiation oncology do not qualify for the following exemptions:

- Is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of June 30, 2011, based on primary taxonomy code in the National Plan and Provider Enumeration System (NPPES).
- Does not have prescribing privileges and reports G-code G8644 (defined as not having prescribing privileges) at least one time on an eligible claim prior to June 30, 2011.
- Does not have at least 100 cases containing an encounter code in the measure denominator.
- Does not meet the 10 percent denominator threshold.

That leaves only "meeting and reporting a significant hardship exemption," which is not currently addressed for radiation oncology.

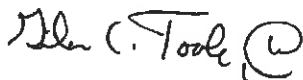
### Conclusion

As you can see from this brief background on radiation oncology treatment, our specialty faces a particular hardship from CMS/HHS penalties if radiation oncology electronic prescribing is not factored in now and for the future. Therefore, we request that the following codes be included in applying for hardships this year, and appropriate codes for data collection be added permanently starting with the 2012 PFS:

- \* **77427**: Radiation treatment management, 5 treatments)
- \* **77431**: Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
- \* **77432**: Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
- \* **77435**: Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

Thank you for the opportunity to offer our comments.

Sincerely,



Giles Toole  
President