

Trends in Medicare Reimbursement and Work Relative Value Unit Production in Radiation Oncology

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Abstract

Purpose: Medicare payments to individual physicians are released annually by the CMS. The purpose of this study is to analyze trends in Medicare reimbursement and work relative value unit (wRVU) production to radiation oncologists.

Materials and Methods: The Medicare Physician Supplier and Other Provider Public Use File and the CMS Physician Fee Schedule Relative Value Files (to calculate wRVUs) for the calendar years 2012 to 2015 were used in this analysis. Medicare reimbursement was aggregated for each calendar year. Using the CMS Physician Fee Schedule Relative Value Files, the number of Medicare wRVUs was calculated for each radiation oncologist.

Results: In 2015, 4,323 radiation oncologists produced 12,895,298 wRVUs compared with 11,352,286 wRVUs produced in 2012. These datasets include only Medicare reimbursements and do not include wRVUs from private insurance or other payers. In 2015, radiation oncologists produced a median of 2,486 wRVUs from Medicare (range 3 to 24,349). Billing to Healthcare Common Procedure Coding System Code 77427 (radiation treatment management, five treatments), a proxy for total radiation treatments, fell from 1,111,670 in 2012 to 1,039,403 in 2015, a decline of 7%.

Conclusion: The total number of wRVUs produced by radiation oncologists has risen by 14% from 2012 to 2015. However, the number of external beam radiation fractions has declined by approximately 7% over this same period, likely due to a trend toward hypofractionated courses of treatment and use of special treatment modalities such as proton beam therapy or stereotactic body radiation therapy.

Key Words: Medicare, payments, reimbursement, work relative value unit, wRVU

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INTRODUCTION

The CMS have published Medicare reimbursement to individual physicians annually since 2014. Despite objections by physician groups concerned about misinterpretation of the data by the media and general public, CMS elected to publish this data set to increase transparency in Medicare reimbursement[1]. The data set has been used to identify possible sources of fraud within the health care system[2].

Four years of Medicare physician reimbursement data are now available for analysis, allowing trends in radiation oncology practice patterns, billing, and reimbursement to be studied. The purpose of this study is to analyze trends in Medicare reimbursement and work relative value unit (wRVU) production to radiation oncologists.

MATERIALS AND METHODS

The Medicare Physician Supplier and Other Provider Public Use File (POSPUF) contains records of nearly all Medicare reimbursement to individual physicians [3]. We have described the POSPUF database previously [4]. Briefly, the POSPUF includes the number of procedures and total reimbursement for each physician and Healthcare Common Procedure Coding System (HCPCS) code. HCPCS codes that were billed to 10 or fewer Medicare beneficiaries were excluded from the

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database by CMS because of patient privacy concerns [5]. Because the POSPUF is a publicly available database that does not contain patient health information, this study was exempt from institutional review board review.

Annual reimbursement data were obtained from the POSPUF for the calendar years 2012 to 2015. All professional and technical billing codes are included in our analysis, although only a fraction of radiation oncologists are reimbursed for technical billing codes. We filtered the POSPUF for procedures performed by radiation oncologists using the online database filter tool provided by CMS [6]. We aggregated Medicare reimbursement for each radiation oncologist and HCPCS code. Using the CMS Physician Fee Schedule Relative Value Files for each HCPCS code, the number of Medicare wRVUs was calculated for each physician [7].

RESULTS

In 2015, 4,323 radiation oncologists received \$1,413,984,176 from Medicare, compared with \$1,325,494,017 in 2014, \$1,285,266,341 in 2013, and \$1,499,625,803 in 2012. The number of radiation oncologists in the Medicare database has increased over time (4,323 in 2015 compared with 4,266 in 2014, 4,180 in 2013, and 4,135 in 2012). In 2015, median Medicare reimbursement was \$139,084 (range \$123-\$5,303,804).

Radiation oncologists produced 12,895,298 wRVUs in 2015 compared with 11,354,563 wRVUs in 2014, 11,355,846 wRVUs in 2013, and 11,352,286 wRVUs in 2012. The median Medicare wRVU production was

2,486 Medicare wRVUs (range 3-24,349) in 2015 (Fig. 1). There were 649 (15%) radiation oncologists who produced at least 5,000 Medicare wRVUs, and 88 (2%) of radiation oncologists produced at least 10,000 Medicare wRVUs.

A total of 586 distinct HCPCS billing codes were billed by radiation oncologists in 2015. The most commonly utilized radiation billing codes were 77014 (CT scan guidance for insertion of radiation therapy fields), 77300 (calculation of radiation therapy dose), G6002 (stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy), G6015 (intensity-modulated treatment delivery, single or multiple fields or arcs, via narrow spatially and temporally modulated beams, binary, dynamic multileaf collimator, per treatment session), and 77427 (radiation treatment management, five treatments).

The billing codes with the highest total reimbursement in 2015 were G6015, 77427, 77014, 77301 (management of modulation radiotherapy planning), and G6012 (radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mega electron volt) (Table 1).

Billing to HCPCS code 77427, a proxy for total radiation treatments, fell from 1,111,670 in 2012 to 1,039,403 in 2015, a decline of 7% (Fig. 2). The number of new consults (HCPCS codes 99201-99205) rose by 3% over this period (231,263 new visits in 2015 compared with 224,698 new visits in 2012), and the number of follow-up visits (HCPCS codes

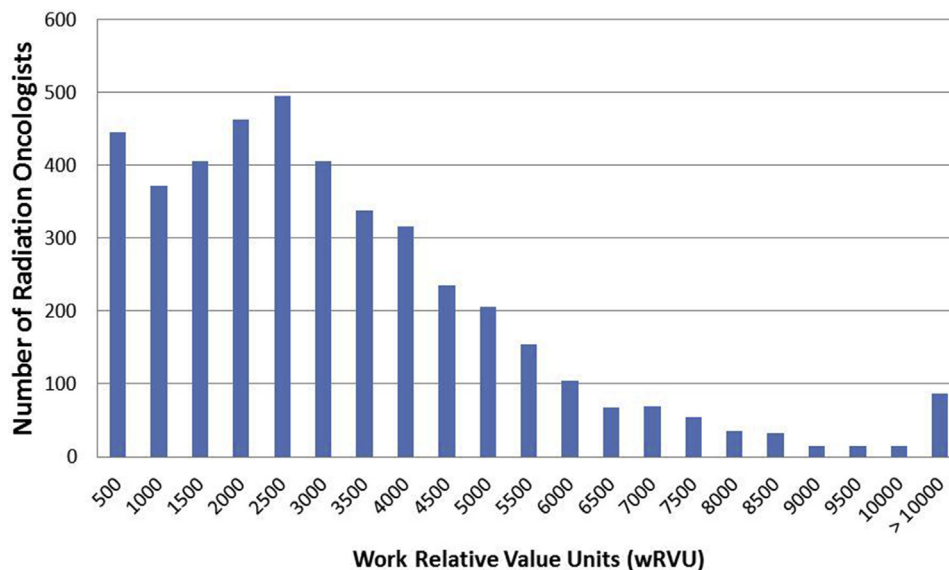


Fig 1. Histogram of Medicare work relative value unit production by radiation oncologists in 2015.

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