



## 2022 MPFS Proposed Rule Summation

July 16, 2021

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## 2022 MPFS Proposed Rule Summation

On July 13, 2021, CMS released the MPFS Proposed Rule for 2022. The document is 1,747 pages and can be found at [CMS-1751-P | CMS](#). The following is a summation of some pertinent items related to radiation oncology.

### Payments

CMS has proposed a 2022 conversion factor of 33.5848 in comparison to the 2021 conversion factor of 34.8931. This is due to the budget neutrality adjustment pertaining to RVUs and the expiration of the 3.75% payment increase provided in 2021 from the Consolidated Appropriations Act (CAA).

CMS is proposing updating the clinical labor (CL) pricing for 2022. If this methodology is utilized, the impact to radiation oncology and radiation therapy centers will be -4%. The potential effects of the clinical labor pricing update on specialty payment impacts are largely driven by the share that labor costs represent of the direct PE inputs for each specialty. CMS is considering a 4-year transition period for the implementation of the clinical labor pricing changes which would lower the 4% reduction down to a 2% reduction.

### Anticipated Clinical Labor Pricing Effect on Specialty Impacts

Specialty	Allowed Charges (mil)	New CL Pricing
Radiation Oncology & Radiation Oncology Centers	\$1,809	-4%

Table 134 on page 1180 indicates that the policies proposed in the rule will impact radiation oncology and radiation therapy centers by -5% based upon the changes to the Practice Expense RVUs. CMS utilized the 2019 data versus 2020 data due to the pandemic. This is an overall reduction with specific codes being impacted differently.

### CY 2022 PFS Estimated Impact on Total Allowed Charges by Specialty

Specialty	Allowed Charges (mil)	Impact of Work RVU Changes	Impact of PE RVU Changes	Impact of MP RVU	Combined Impact
Radiation Oncology & Radiation Therapy Centers	\$1,660	0%	-5%	0%	-5%

## Medicare Telehealth Services

77427 Weekly Treatment Management is included in the list of services that were added to the Medicare Telehealth list during the PHE. CMS continues to support removing 77427 Weekly Treatment Management from the telehealth list when the PHE ends.

## E/M Changes

In the CY 2021 PFS final rule, CMS finalized HCPCS code G2252 (brief communication technology-based service, e.g., virtual check-in service, by a physician or other qualified health care professional who can report evaluation and management services provided to an established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11–20 minutes of medical discussion) on an interim basis due to the PHE. CMS is now proposing to permanently adopt coding and payment for CY 2022, HCPCS code G2252.

A split (or shared) visit refers to an E/M visit that is performed (“split” or “shared”) by both a physician and a nurse practitioner (NPP) who are in the same group. Currently, there is a higher PFS payment rate for services furnished by physicians than services furnished by NPPs. For visits in the non-facility setting for which the physician and NPP each perform portions of the visit, the physician can bill for the visit rather than the NPP as long as the visit meets the conditions for services furnished “incident to” a physician’s professional services. However, for visits furnished under similar circumstances in facility settings, current regulations provide for payment only to the physician or NPP who personally performs all elements of the service, and no payment is made for services furnished “incident to” the billing professional’s services.

CMS is proposing to define “substantive portion” as more than half of the total time spent by the physician and NPP performing the split (or shared) visit. CMS would require that the distinct time of service spent by each physician or NPP furnishing a split (or shared) visit would be summed to determine total time and who provided the substantive portion would bill for the service. CMS is proposing that documentation in the medical record must identify the two individual practitioners who performed the visit, and the individual who performed the substantive portion (and therefore bills the visit) would be required to sign and date the medical record. In addition, CMS would require a modifier to describe split (or shared) visits, which would be required regardless of whether the physician or NPP billed for the visit.

## Physician Assistant Services

Currently, CMS regulations state that PA services are covered under Medicare Part B only when billed by the PA's employer and payment is made to the PA's employer. CMS is

proposing the removal of this requirement, and PAs will be authorized to bill the Medicare program and be paid directly for their services in the same way that NPs and CNSs are.

### Quality Payment Program

Quality Payment Program is an incentive program that includes two participation tracks, the Merit-based Incentive Payment System (MIPS) and Advanced APMs. MIPS eligible clinicians are subject to a MIPS payment adjustment based on their performance in four performance categories: cost, quality, improvement activities, and promoting interoperability. The weights of those four performance categories are specified in the statute. For CY 2022, those weights are as follows: 30 percent for the quality performance category, 30 percent for the cost performance category, 15 percent for the improvement activities performance category, and 25 percent for the promoting interoperability performance category. If an eligible clinician participates in an Advanced APM and achieves Qualifying APM Participant (QP) status, they are excluded from the MIPS reporting requirements and payment adjustment. Those who are qualifying APM participants (QPs) for the year receive a 5 percent lump sum incentive payment during the corresponding payment year through CY 2024, or a differential payment update under the PFS for payment years beginning in 2026.

For the 2022 MIPS performance period, CMS is proposing to remove one measure from the Oncology Quality Set and make substantive changes to two other measures commonly utilized by radiation oncologists.

CMS also documents that it expects the Radiation Oncology Model to be an Advanced APM for the 2022 QP Performance Period.

## Previously Finalized Measures Proposed for Removal from the Radiation Oncology Set

### C.10. Oncology: Medical and Radiation - Plan of Care for Pain

<b>Category</b>	Description
<b>NQF # / eCQM NQF #</b>	0383 / N/A
<b>Quality #</b>	144
<b>CMS eCQM ID</b>	N/A
<b>National Quality Strategy Domain</b>	Person and Caregiver-Centered Experience and Outcome
<b>Collection Type</b>	MIPS CQMs Specifications
<b>Measure Title and Description</b>	Oncology: Medical and Radiation – Plan of Care for Pain: Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.
<b>Measure Steward</b>	American Society of Clinical Oncology
<b>High Priority Measure</b>	Yes
<b>Measure Type</b>	Process
<b>Rationale for Removal</b>	We propose the removal of this measure (finalized in 81 FR 77558 through 77675) as a quality measure from the MIPS program because this measure does not align with the Meaningful Measures Initiative, as it splits a clinical process into individual quality measures. In order to align with the Meaningful Measures Initiative, we plan to maintain measure Q143: Oncology: Medical and Radiation – Pain Intensity Quantified. We recognize measure Q144 does not quantify the completion of a plan of care but includes the assessment of pain for patients undergoing cancer treatment. Measure Q144 is limited to those patients who were screened positive for pain; whether screened for pain or being voluntarily verbalized by the patient. We believe as a stand-alone measure it is not a true reflection of the quality of care being given, but only reflects care to a subpopulation of oncology patients with documented pain. To truly ensure quality of care for these patients, we believe that clinicians should engage all denominator eligible patients and perform this assessment to identify the presence of pain in patients undergoing cancer treatment.
<b>In the Circumstance the Measure is Retained</b>	There are no substantive changes or specialty set movement proposed for this measure.

**Previously Finalized Quality Measures with Substantive Changes Proposed for the  
CY 2022 MIPS Performance Period/2024 MIPS Payment Year and Future Year**

**Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients**

<b>Category</b>	Description
<b>NQF # / eCQM NQF #</b>	389 / 0389e
<b>Quality#</b>	102
<b>CMS eCQM ID</b>	CMS129v11
<b>National Quality Strategy Domain</b>	Efficiency and Cost Reduction
<b>Current Collection Type</b>	ECQM Specifications   MIPS CQMs Specifications
<b>Current Measure Description</b>	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy who did not have a bone scan performed at any time since diagnosis of prostate cancer.
<b>Substantive Change</b>	Updated denominator criteria: For the MIPS CQMs Specifications collection type: Revised: Any patient, regardless of age.
	The measure instructions are revised to read: For the MIPS CQMs Specifications collection type: This measure is to be submitted once per performance period for patients with a diagnosis of prostate cancer at low (or very low) risk of recurrence who receive interstitial prostate brachytherapy, external beam radiotherapy to the prostate, or radical prostatectomy during the performance period. The quality-data code or equivalent needs to be submitted only once during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the listed procedures as specified in the denominator coding will submit this measure.
	Updated denominator note: For the MIPS CQMs Specification collection type: Added: Most recent risk assessment of recurrence comp.
<b>Steward</b>	Centers for Medicare & Medicaid Services
<b>High Priority Measure</b>	Yes
<b>Measure Type</b>	Process
<b>Rationale</b>	We propose to update the MIPS CQMs Specifications collection type to remove the gender specificity from the denominator criteria to ensure a complete patient population. Additionally, we propose to revise the measure instructions and denominator note for the MIPS CQMs Specifications collection type to reflect the update in measure submission frequency from once per episode to once per performance period, utilizing the most recent risk assessment for purposes of denominator eligibility, as this is more aligned with the measure intent as well as bringing all collection types into alignment.

**Oncology: Medical and Radiation – Pain Intensity Quantified**

<b>Category</b>	Description
<b>NQF # / eCQM NQF #</b>	0384 / 0384e
<b>Quality#</b>	143
<b>CMS eCQM ID</b>	CMS157v10
<b>National Quality Strategy Domain</b>	Person and Caregiver-Centered Experience and Outcomes
<b>Current Collection Type</b>	eCQM Specifications   MIPS CQMs Specifications
<b>Current Measure Description</b>	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.
<b>Substantive Change</b>	Many Changes See Page 1619 of Proposed Rule
<b>Steward</b>	American Society of Clinical Oncology
<b>High Priority Measure</b>	Yes
<b>Measure Type</b>	Process
<b>Rationale</b>	<p>We propose to revise the eCQM specifications guidance section to align the statement regarding timing of chemotherapy to ensure alignment with the logic timing constraints and added language for telehealth encounters as they are appropriate for inclusion for assessment of quality action completion. Additionally, we propose to remove topical chemotherapy from the "Chemotherapy Administration" value set and neurofibromatosis from the "Cancer" (2.16.840.1.113883.3.526.3.1010) value set as these patient populations are not appropriate for inclusion within the initial patient population for the purposes of clinical quality action assessment. We propose to remove coding related to neurofibromatosis from the MIPS CQMs Specifications collection type denominator criteria for Submission Criteria One as this patient population is not appropriate for inclusion with the denominator eligible patient population for the purposes of clinical quality action assessment. Additionally, the denominator criteria was revised to clarify the timing of the chemotherapy and align with the intent of the measure. We propose to update the MIPS CQMs Specifications collection type instructions note to add clarity in timing of chemotherapy and ensure alignment throughout the measure specification in accordance with measure intent.</p>



You are encouraged to comment regarding these proposed changes. Comments must be received no later than 5:00 PM on September 13, 2021. When commenting, refer to file code CMS-1751-P. There are three ways to comment:

- Electronically: <http://www.regulations.gov>. Follow the “Submit a comment” instructions.
- By regular mail. Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1751-P, P.O. Box 8016, Baltimore, MD 21244-8016.
- By express or overnight mail. Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1751-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Locality Name	Locality Number	State	Work	Practice Expense	Mal-practice	Carrier No.				
National Average	99	NAT	1.0000	1.0000	1.0000	99999				
			CF=34.8931	CF=33.5848						
DESCRIPTION	HPCPS	MOD	Par 2021 Non-Facility (FINAL)	Par 2022 Non-Facility (PROPOSED)	Fee Change	% Change	2021 Non-Facility RVU	2022 Non-Facility RVU	RVU Value Change	% Change
Ct scan for therapy guide	77014		126.31	116.54	(9.77)	-7.7%	3.62	3.47	(0.15)	-4.1%
Ct scan for therapy guide	77014	26	45.36	44.33	(1.03)	-2.3%	1.30	1.32	0.02	1.5%
Ct scan for therapy guide	77014	TC	80.95	72.21	(8.74)	-10.8%	2.32	2.15	(0.17)	-7.3%
Radiation therapy planning	77261		71.88	69.86	(2.02)	-2.8%	2.06	2.08	0.02	1.0%
Radiation therapy planning	77262		109.22	106.13	(3.09)	-2.8%	3.13	3.16	0.03	1.0%
Radiation therapy planning	77263		169.93	166.58	(3.35)	-2.0%	4.87	4.96	0.09	1.8%
Set radiation therapy field	77280		289.61	247.18	(42.43)	-14.7%	8.30	7.36	(0.94)	-11.3%
Set radiation therapy field	77280	26	38.38	36.94	(1.44)	-3.8%	1.10	1.10	-	0.0%
Set radiation therapy field	77280	TC	251.23	210.24	(40.99)	-16.3%	7.20	6.26	(0.94)	-13.1%
Set radiation therapy field	77285		479.78	406.04	(73.74)	-15.4%	13.75	12.09	(1.66)	-12.1%
Set radiation therapy field	77285	26	57.57	56.09	(1.48)	-2.6%	1.65	1.67	0.02	1.2%
Set radiation therapy field	77285	TC	422.21	349.95	(72.26)	-17.1%	12.10	10.42	(1.68)	-13.9%
Set radiation therapy field	77290		501.41	424.51	(76.90)	-15.3%	14.37	12.64	(1.73)	-12.0%
Set radiation therapy field	77290	26	82.35	81.28	(1.07)	-1.3%	2.36	2.42	0.06	2.5%
Set radiation therapy field	77290	TC	419.07	343.24	(75.83)	-18.1%	12.01	10.22	(1.79)	-14.9%
Respirator motion mgmt simul	77293		455.01	379.17	(75.84)	-16.7%	13.04	11.29	(1.75)	-13.4%
Respirator motion mgmt simul	77293	26	106.42	104.11	(2.31)	-2.2%	3.05	3.10	0.05	1.6%
Respirator motion mgmt simul	77293	TC	348.58	275.06	(73.52)	-21.1%	9.99	8.19	(1.80)	-18.0%
3-d radiotherapy plan	77295		490.95	492.02	1.07	0.2%	14.07	14.65	0.58	4.1%
3-d radiotherapy plan	77295	26	226.46	222.67	(3.79)	-1.7%	6.49	6.63	0.14	2.2%
3-d radiotherapy plan	77295	TC	264.49	269.35	4.86	1.8%	7.58	8.02	0.44	5.8%
Radiation therapy dose plan	77300		67.34	63.14	(4.20)	-6.2%	1.93	1.88	(0.05)	-2.6%
Radiation therapy dose plan	77300	26	32.80	32.24	(0.56)	-1.7%	0.94	0.96	0.02	2.1%
Radiation therapy dose plan	77300	TC	34.54	30.90	(3.64)	-10.5%	0.99	0.92	(0.07)	-7.1%
Radiotherapy dose plan imrt	77301		1,935.17	1,677.56	(257.61)	-13.3%	55.46	49.95	(5.51)	-9.9%
Radiotherapy dose plan imrt	77301	26	422.21	415.11	(7.10)	-1.7%	12.10	12.36	0.26	2.1%
Radiotherapy dose plan imrt	77301	TC	1,512.96	1,262.45	(250.51)	-16.6%	43.36	37.59	(5.77)	-13.3%
Telethx isodose plan simple	77306		150.39	145.42	(4.97)	-3.3%	4.31	4.33	0.02	0.5%
Telethx isodose plan simple	77306	26	73.97	72.88	(1.09)	-1.5%	2.12	2.17	0.05	2.4%
Telethx isodose plan simple	77306	TC	76.42	72.54	(3.88)	-5.1%	2.19	2.16	(0.03)	-1.4%
Telethx isodose plan cplx	77307		292.40	281.44	(10.96)	-3.7%	8.38	8.38	-	0.0%
Telethx isodose plan cplx	77307	26	153.88	150.80	(3.08)	-2.0%	4.41	4.49	0.08	1.8%
Telethx isodose plan cplx	77307	TC	138.53	130.64	(7.89)	-5.7%	3.97	3.89	(0.08)	-2.0%
Brachytx isodose plan simple	77316		236.58	244.83	8.25	3.5%	6.78	7.29	0.51	7.5%
Brachytx isodose plan simple	77316	26	73.97	72.88	(1.09)	-1.5%	2.12	2.17	0.05	2.4%
Brachytx isodose plan simple	77316	TC	162.60	171.95	9.35	5.8%	4.66	5.12	0.46	9.9%
Brachytx isodose intermed	77317		310.55	323.76	13.21	4.3%	8.90	9.64	0.74	8.3%
Brachytx isodose intermed	77317	26	96.65	95.04	(1.61)	-1.7%	2.77	2.83	0.06	2.2%
Brachytx isodose intermed	77317	TC	213.89	228.71	14.82	6.9%	6.13	6.81	0.68	11.1%
Brachytx isodose complex	77318		442.44	459.44	17.00	3.8%	12.68	13.68	1.00	7.9%
Brachytx isodose complex	77318	26	153.53	150.80	(2.73)	-1.8%	4.40	4.49	0.09	2.0%
Brachytx isodose complex	77318	TC	288.91	308.64	19.73	6.8%	8.28	9.19	0.91	11.0%
Special teletx port plan	77321		95.96	92.02	(3.94)	-4.1%	2.75	2.74	(0.01)	-0.4%
Special teletx port plan	77321	26	50.59	49.71	(0.88)	-1.7%	1.45	1.48	0.03	2.1%
Special teletx port plan	77321	TC	45.36	42.32	(3.04)	-6.7%	1.30	1.26	(0.04)	-3.1%
Special radiation dosimetry	77331		65.95	63.81	(2.14)	-3.2%	1.89	1.90	0.01	0.5%
Special radiation dosimetry	77331	26	46.41	45.34	(1.07)	-2.3%	1.33	1.35	0.02	1.5%
Special radiation dosimetry	77331	TC	19.54	18.47	(1.07)	-5.5%	0.56	0.55	(0.01)	-1.8%
Radiation treatment aid(s)	77332		42.57	41.31	(1.26)	-3.0%	1.22	1.23	0.01	0.8%

Locality Name	Locality Number	State	Work	Practice Expense	Mal-practice	Carrier No.				
National Average	99	NAT	1.0000	1.0000	1.0000	99999				
			CF=34.8931	CF=33.5848						
DESCRIPTION	HPCPS	MOD	Par 2021 Non-Facility (FINAL)	Par 2022 Non-Facility (PROPOSED)	Fee Change	% Change	2021 Non-Facility RVU	2022 Non-Facility RVU	RVU Value Change	% Change
Radiation treatment aid(s)	77332	26	24.08	23.51	(0.57)	-2.4%	0.69	0.70	0.01	1.4%
Radiation treatment aid(s)	77332	TC	18.49	17.80	(0.69)	-3.7%	0.53	0.53	-	0.0%
Radiation treatment aid(s)	77333		135.73	131.65	(4.08)	-3.0%	3.89	3.92	0.03	0.8%
Radiation treatment aid(s)	77333	26	40.13	38.96	(1.17)	-2.9%	1.15	1.16	0.01	0.9%
Radiation treatment aid(s)	77333	TC	95.61	92.69	(2.92)	-3.1%	2.74	2.76	0.02	0.7%
Radiation treatment aid(s)	77334		128.06	125.27	(2.79)	-2.2%	3.67	3.73	0.06	1.6%
Radiation treatment aid(s)	77334	26	60.71	59.78	(0.93)	-1.5%	1.74	1.78	0.04	2.3%
Radiation treatment aid(s)	77334	TC	67.34	65.49	(1.85)	-2.7%	1.93	1.95	0.02	1.0%
Radiation physics consult	77336		82.70	74.22	(8.48)	-10.3%	2.37	2.21	(0.16)	-6.8%
Design mlc device for imrt	77338		480.48	450.37	(30.11)	-6.3%	13.77	13.41	(0.36)	-2.6%
Design mlc device for imrt	77338	26	226.46	222.67	(3.79)	-1.7%	6.49	6.63	0.14	2.2%
Design mlc device for imrt	77338	TC	254.02	227.70	(26.32)	-10.4%	7.28	6.78	(0.50)	-6.9%
Radiation physics consult	77370		130.85	119.23	(11.62)	-8.9%	3.75	3.55	(0.20)	-5.3%
Srs linear based	77372		1,073.66	868.17	(205.49)	-19.1%	30.77	25.85	(4.92)	-16.0%
Sbrt delivery	77373		1,172.06	907.13	(264.93)	-22.6%	33.59	27.01	(6.58)	-19.6%
Radiation treatment delivery	77401		43.97	39.97	(4.00)	-9.1%	1.26	1.19	(0.07)	-5.6%
Radiology port images(s)	77417		11.86	17.13	5.27	44.4%	0.34	0.51	0.17	50.0%
Radiation tx management x5	77427		191.91	190.43	(1.48)	-0.8%	5.50	5.67	0.17	3.1%
Radiation therapy management	77431		107.82	106.13	(1.69)	-1.6%	3.09	3.16	0.07	2.3%
Stereotactic radiation trmt	77432		428.84	421.15	(7.69)	-1.8%	12.29	12.54	0.25	2.0%
Sbrt management	77435		646.92	636.10	(10.82)	-1.7%	18.54	18.94	0.40	2.2%
Special radiation treatment	77470		134.69	146.09	11.40	8.5%	3.86	4.35	0.49	12.7%
Special radiation treatment	77470	26	108.17	105.46	(2.71)	-2.5%	3.10	3.14	0.04	1.3%
Special radiation treatment	77470	TC	26.52	40.64	14.12	53.2%	0.76	1.21	0.45	59.2%
Infuse radioactive materials	77750		392.55	394.96	2.41	0.6%	11.25	11.76	0.51	4.5%
Infuse radioactive materials	77750	26	264.14	259.95	(4.19)	-1.6%	7.57	7.74	0.17	2.2%
Infuse radioactive materials	77750	TC	128.41	135.01	6.60	5.1%	3.68	4.02	0.34	9.2%
Apply intrcav radiat simple	77761		416.27	402.35	(13.92)	-3.3%	11.93	11.98	0.05	0.4%
Apply intrcav radiat simple	77761	26	204.12	200.50	(3.62)	-1.8%	5.85	5.97	0.12	2.1%
Apply intrcav radiat simple	77761	TC	212.15	201.84	(10.31)	-4.9%	6.08	6.01	(0.07)	-1.2%
Apply intrcav radiat interm	77762		548.17	527.95	(20.22)	-3.7%	15.71	15.72	0.01	0.1%
Apply intrcav radiat interm	77762	26	304.97	299.24	(5.73)	-1.9%	8.74	8.91	0.17	1.9%
Apply intrcav radiat interm	77762	TC	243.20	228.71	(14.49)	-6.0%	6.97	6.81	(0.16)	-2.3%
Apply intrcav radiat compl	77763		770.44	751.96	(18.48)	-2.4%	22.08	22.39	0.31	1.4%
Apply intrcav radiat compl	77763	26	458.84	450.71	(8.13)	-1.8%	13.15	13.42	0.27	2.1%
Apply intrcav radiat compl	77763	TC	311.60	301.26	(10.34)	-3.3%	8.93	8.97	0.04	0.4%
Hdr rdnc skn surf brachytx	77767		251.93	233.08	(18.85)	-7.5%	7.22	6.94	(0.28)	-3.9%
Hdr rdnc skn surf brachytx	77767	26	55.83	54.74	(1.09)	-2.0%	1.60	1.63	0.03	1.9%
Hdr rdnc skn surf brachytx	77767	TC	196.10	178.34	(17.76)	-9.1%	5.62	5.31	(0.31)	-5.5%
Hdr rdnc skn surf brachytx	77768		372.31	339.88	(32.43)	-8.7%	10.67	10.12	(0.55)	-5.2%
Hdr rdnc skn surf brachytx	77768	26	74.32	72.88	(1.44)	-1.9%	2.13	2.17	0.04	1.9%
Hdr rdnc skn surf brachytx	77768	TC	297.99	267.00	(30.99)	-10.4%	8.54	7.95	(0.59)	-6.9%
Hdr rdnc ntrst/icav brchtx	77770		353.47	327.12	(26.35)	-7.5%	10.13	9.74	(0.39)	-3.8%
Hdr rdnc ntrst/icav brchtx	77770	26	102.93	101.09	(1.84)	-1.8%	2.95	3.01	0.06	2.0%
Hdr rdnc ntrst/icav brchtx	77770	TC	250.53	226.03	(24.50)	-9.8%	7.18	6.73	(0.45)	-6.3%
Hdr rdnc ntrst/icav brchtx	77771		616.21	573.63	(42.58)	-6.9%	17.66	17.08	(0.58)	-3.3%
Hdr rdnc ntrst/icav brchtx	77771	26	200.98	197.14	(3.84)	-1.9%	5.76	5.87	0.11	1.9%
Hdr rdnc ntrst/icav brchtx	77771	TC	415.23	376.49	(38.74)	-9.3%	11.90	11.21	(0.69)	-5.8%
Hdr rdnc ntrst/icav brchtx	77772		921.53	858.76	(62.77)	-6.8%	26.41	25.57	(0.84)	-3.2%

Locality Name	Locality Number	State	Work	Practice Expense	Mal-practice	Carrier No.				
National Average	99	NAT	1.0000	1.0000	1.0000	99999				
			CF=34.8931	CF=33.5848						
DESCRIPTION	HPCPS	MOD	Par 2021 Non-Facility (FINAL)	Par 2022 Non-Facility (PROPOSED)	Fee Change	% Change	2021 Non-Facility RVU	2022 Non-Facility RVU	RVU Value Change	% Change
Hdr rdncI ntrstl/icav brchtx	77772	26	283.33	277.75	(5.58)	-2.0%	8.12	8.27	0.15	1.8%
Hdr rdncI ntrstl/icav brchtx	77772	TC	638.19	581.02	(57.17)	-9.0%	18.29	17.30	(0.99)	-5.4%
Apply interstit radiat compl	77778		900.24	859.44	(40.80)	-4.5%	25.80	25.59	(0.21)	-0.8%
Apply interstit radiat compl	77778	26	463.38	455.41	(7.97)	-1.7%	13.28	13.56	0.28	2.1%
Apply interstit radiat compl	77778	TC	436.86	404.03	(32.83)	-7.5%	12.52	12.03	(0.49)	-3.9%
Apply surf ldr radionuclide	77789		133.29	131.32	(1.97)	-1.5%	3.82	3.91	0.09	2.4%
Apply surf ldr radionuclide	77789	26	60.71	59.45	(1.26)	-2.1%	1.74	1.77	0.03	1.7%
Apply surf ldr radionuclide	77789	TC	72.58	71.87	(0.71)	-1.0%	2.08	2.14	0.06	2.9%
Radiation handling	77790		15.70	16.79	1.09	6.9%	0.45	0.50	0.05	11.1%
Nuclear rx oral admin	79005		138.87	137.36	(1.51)	-1.1%	3.98	4.09	0.11	2.8%
Nuclear rx oral admin	79005	26	86.19	83.63	(2.56)	-3.0%	2.47	2.49	0.02	0.8%
Nuclear rx oral admin	79005	TC	52.69	53.74	1.05	2.0%	1.51	1.60	0.09	6.0%
Nasopharyngoscopy	92511		120.38	114.19	(6.19)	-5.1%	3.45	3.40	(0.05)	-1.4%
Office o/p new sf 15-29 min	99202		73.97	73.21	(0.76)	-1.0%	2.12	2.18	0.06	2.8%
Office o/p new low 30-44 min	99203		113.75	112.51	(1.24)	-1.1%	3.26	3.35	0.09	2.8%
Office o/p new mod 45-59 min	99204		169.93	166.58	(3.35)	-2.0%	4.87	4.96	0.09	1.8%
Office o/p new hi 60-74 min	99205		224.36	221.66	(2.70)	-1.2%	6.43	6.60	0.17	2.6%
Office o/p est minimal prob	99211		23.03	23.17	0.14	0.6%	0.66	0.69	0.03	4.5%
Office o/p est sf 10-19 min	99212		56.88	57.09	0.21	0.4%	1.63	1.70	0.07	4.3%
Office o/p est low 20-29 min	99213		92.47	91.01	(1.46)	-1.6%	2.65	2.71	0.06	2.3%
Office o/p est mod 30-39 min	99214		131.20	128.97	(2.23)	-1.7%	3.76	3.84	0.08	2.1%
Office o/p est hi 40-54 min	99215		183.19	181.02	(2.17)	-1.2%	5.25	5.39	0.14	2.7%
Initial observation care	99220		181.79	172.63	(9.16)	-5.0%	5.21	-	(5.21)	-100.0%
Initial hospital care	99221		101.19	96.72	(4.47)	-4.4%	2.90	-	(2.90)	-100.0%
Initial hospital care	99222		136.08	129.97	(6.11)	-4.5%	3.90	-	(3.90)	-100.0%
Initial hospital care	99223		200.29	191.77	(8.52)	-4.3%	5.74	-	(5.74)	-100.0%
Subsequent hospital care	99231		38.38	37.61	(0.77)	-2.0%	1.10	-	(1.10)	-100.0%
Subsequent hospital care	99232		71.88	68.85	(3.03)	-4.2%	2.06	-	(2.06)	-100.0%
Subsequent hospital care	99233		103.28	98.07	(5.21)	-5.0%	2.96	-	(2.96)	-100.0%
Stereoscopic x-ray guidance	G6002		77.11	74.89	(2.22)	-2.9%	2.21	2.23	0.02	0.9%
Stereoscopic x-ray guidance	G6002	26	20.59	20.15	(0.44)	-2.1%	0.59	0.60	0.01	1.7%
Stereoscopic x-ray guidance	G6002	TC	56.53	54.74	(1.79)	-3.2%	1.62	1.63	0.01	0.6%
Radiation treatment delivery	G6003		156.67	129.97	(26.70)	-17.0%	4.49	3.87	(0.62)	-13.8%
Radiation treatment delivery	G6004		144.81	117.55	(27.26)	-18.8%	4.15	3.50	(0.65)	-15.7%
Radiation treatment delivery	G6005		145.16	117.55	(27.61)	-19.0%	4.16	3.50	(0.66)	-15.9%
Radiation treatment delivery	G6006		144.46	116.88	(27.58)	-19.1%	4.14	3.48	(0.66)	-15.9%
Radiation treatment delivery	G6007		275.31	213.26	(62.05)	-22.5%	7.89	6.35	(1.54)	-19.5%
Radiation treatment delivery	G6008		200.29	161.88	(38.41)	-19.2%	5.74	4.82	(0.92)	-16.0%
Radiation treatment delivery	G6009		198.89	161.54	(37.35)	-18.8%	5.70	4.81	(0.89)	-15.6%
Radiation treatment delivery	G6010		198.54	161.88	(36.66)	-18.5%	5.69	4.82	(0.87)	-15.3%
Radiation treatment delivery	G6011		266.23	214.27	(51.96)	-19.5%	7.63	6.38	(1.25)	-16.4%
Radiation treatment delivery	G6012		264.84	213.94	(50.90)	-19.2%	7.59	6.37	(1.22)	-16.1%
Radiation treatment delivery	G6013		265.54	214.27	(51.27)	-19.3%	7.61	6.38	(1.23)	-16.2%
Radiation treatment delivery	G6014		264.84	213.26	(51.58)	-19.5%	7.59	6.35	(1.24)	-16.3%
Radiation tx delivery imrt	G6015		385.57	336.52	(49.05)	-12.7%	11.05	10.02	(1.03)	-9.3%
Delivery comp imrt	G6016		384.52	334.50	(50.02)	-13.0%	11.02	9.96	(1.06)	-9.6%