

Aligning Payments to Quality and Value: The Radiation Oncology (RO) Model

December 8, 2021
Webinar FAQ Document

1. **Question** – CMS indicates that we should submit “an encounter like no pay claim” for services that are provided during the treatment plan. What is “an encounter like no pay claim?” Does CMS want us to submit zero fee claims for the bundled services that we provide on the regular claim forms?

Answer – In addition to billing the RO Model-specific Healthcare Common Procedure Coding System (HCPCS) codes with the V1 and V2 modifiers to receive the first and second halves of the episode payment, RO participants shall submit encounter-like (no-pay) claims that include the Current Procedural Terminology (CPT) or HCPCS codes for all included radiotherapy (RT) services furnished during an RO episode. Encounter-like (no-pay) claims should not be submitted until after the start-of-episode (V1) claim has been adjudicated. Encounter-like (no-pay) claims do not require any special billing forms or charges or fees; put the same fee information on an encounter-like (no-pay) claim for included RT services as you would for a fee-for-service (FFS) claim for a service not included in the RO Model. The encounter-like (no-pay) claims data will be used for evaluation and RO Model monitoring, specifically trending utilization of RT services, and other CMS research.

2. **Question** – Is it possible that a professional would be included but not the facility in the RO Model?

Answer – Participants are determined by whether their site of service zip code is on CMS’s Core-Based Statistical Area (CBSA) zip code list. If a provider furnishes the professional component of RT services, such as the treatment planning and management services at a participating zip code, then he would bill those services using the RO Model. If the patient receives radiation therapy at a facility that is not included in the participating zip code list, that facility would not bill the technical piece using the RO Model. They would use their current billing method. In this case, the provider would be considered only a professional participant rather than a dual participant. Dual participants bill both the professional and technical component using the RO Model.

CBSA Zip Code List

<https://innovation.cms.gov/media/document/ro-model-zip-codes-list-nov2021>.

3. **Question** – Please confirm billing of no-pay claim. Are there any special billing modifiers or do we bill as we currently bill?

Answer – Encounter-like (no-pay) claims do not require any special billing forms, or charges or fees, condition codes, modifiers, type of bill codes, or revenue codes on the forms. In other words, use the CMS 1500 or 837P claim form (for professional services) and the CMS 1450/UB-04 or 837I claim form (for hospital technical services) and put the same information on an encounter-like (no-pay) claim for included RT services as you would for an FFS claim for a service not included in the RO Model.

Encounter-like (no-pay) claims should not be submitted until after the start-of-episode (V1) claim has been adjudicated.

4. **Question** – Will this model be effective in 2022 or pushed back to 2024?

Answer – This model will now be effective January 1, 2023. The implementation date has been delayed due to The Protecting Medicare and American Farmers from Sequester Cuts Act (S.610) enacted on December 10, 2021 which includes a provision that prohibits implementation of the Radiation Oncology Model prior to January 1, 2023. Thus, the RO Model will not begin January 1, 2022.

5. **Question** – If we send a 1500 for a bundled service with its regular charge, what denial code will CMS use to indicate there is no payment for this service that is bundled into the RO Model?

Answer – During the 90-day episode, for Medicare Physician Fee Schedule (MPFS) claims, the Medicare Administrative Contractor (MAC) will send the RO participant an 835 remittance with "CARC 234: This procedure is not paid separately" for included RT services that use included modalities for included cancer types and RARC: N83 - No appeal rights. Adjudicative decision based on the provisions of a demonstration project. During the 90-day episode, for Outpatient Prospective Payment System (OPPS) claims, the MAC will send the RO participant an 835 remittance with "CARC: 97 - The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835" for included RT services that use included modalities for included cancer types. (*Claims Adjustment Reason Code (CARC))

6. **Question** – If the patient declines participation, what are the steps after that? Can they keep seeing the provider?

Answer – Patients may not opt out of the RO Model if they receive RT services from an RO participant. However, beneficiaries may choose to see a RT provider and/or RT supplier who is not participating in the RO Model. Patients can also choose not to share their Medicare claims data with RO participants. Patients who choose not to share their Medicare claims data must inform their provider who must, in turn, provide Medicare with written notice of the patient's decision within 30 days. RO participants will submit the patient's name, Medicare ID Number, and the date the patient informed the RO participant of their decision in the Radiation Oncology Administrative Portal. RO participants should navigate to the "Attestations" tab and select the Beneficiary Data Sharing Opt-Out button. Only Legal Points of Contact can make this notification.

7. **Question** – Did CMS indicate that they might add additional zip codes into the model during this period or is this the final zip code list for the entire 5 year model period?

Answer – The participant core-based statistical areas (CBSAs) hold for the entire RO Model period. Going forward, newly created ZIP codes that map to a participant CBSA will be added as participant ZIP codes. It would be good practice to check the list prior to the start of each performance year on January 1st.

CBSA Zip Code List

<https://innovation.cms.gov/media/document/ro-model-zip-codes-list-nov2021>**8. Question** – Are hospitals required to participate in the Radiation Oncology model?

Answer – The RO Model requires participation from RT providers and RT suppliers that furnish RT services within randomly selected Core-Based Statistical Areas (CBSAs). An RO participant can be a physician group practice, a freestanding radiation therapy center, or a hospital outpatient department that furnishes RT services in a CBSA that is randomly selected for participation. A ZIP Code look-up tool, which provides all five-digit ZIP Codes linked to these selected CBSAs, is available on the RO Model website (<https://innovation.cms.gov/media/document/ro-model-zip-codes-list-nov2021>).

All RO participants are designated as one of the following:

- Professional participant: one that furnishes only the professional component (PC) of RT services, such as the treatment planning and management services.
- Technical participant: one that furnishes only the technical component (TC) of RT services, such as providing external beam therapy.
- Dual participant: one that furnishes both the PC and TC of RT services.