

Frequently Asked Questions on "Use of the Relationship Between OPPS APC Relative Weights To Establish PE RVUs"¹

Q: Why did CMS propose to value radiation oncology treatment delivery and superficial radiation treatment services using a different methodology?

A: Radiation treatment delivery and superficial radiation treatment services require long-term capital and infrastructure investments more like facility costs than most other services paid under the PFS. Therefore, we have determined that identifying an alternative data source that is more routinely updated and standardized would improve the accuracy of valuation for these services (90 FR 32424 through 32425.)

Q: Why did CMS propose to utilize the relationship of the costs of services under the OPPS, within a given PFS code family, to establish PE RVUs for that code family?

A: We believe that the relationship of the costs of services within a code family under the PFS would likely mirror the relationship of those costs of services under the OPPS. For example, if “service A” is twice as costly under the OPPS as “service B”, it is reasonable to assume that the resource costs of “service A” are twice as costly as “service B” under the PFS (90 FR 32426.)

Q: How did CMS calculate the proposed RVUs for radiation oncology treatment delivery and superficial radiation treatment services?

A: We calculated the portion of total PE and MP RVUs accounted for by the volume and PE RVUs of radiation oncology treatment delivery and superficial radiation treatment services as they existed in CY 2025. For each of these code families, we applied the relationship between the APC payment rates to reallocate the portion of total PE and MP RVUs as they existed in 2025 to the CPT codes that we proposed to value in CY 2026 (90 FR 32426.) The [analytic crosswalk](#) demonstrates how the volume from the G codes was translated to the volume assumed for the CPT codes in our modeling process.

¹ 90 FR 32424: Use of the Relationship Between OPPS APC Relative Weights To Establish PE RVUs for Radiation Oncology Treatment Delivery (CPT Codes 77387, 77402, 77407, 77412, and 77417), Superficial Radiation Treatment (CPT Codes 77X05, 77X07, 77X08, and 77X09), and Proton Beam Treatment Delivery (CPT Codes 77520, 77522, 77523, and 77525)

Q: Why did CMS propose to not separately pay for CPT code 77417 and the technical component of CPT code 77387 and 77X09?

A: We proposed to bundle the payment for CPT code 77417 and the technical component of CPT code 77387 and 77X09 to align the relationship between the PFS payment for each of the code families with the OPPS payment and maintain consistency with OPPS payment for these codes, which are packaged into payment for the treatment delivery codes and therefore are not separately payable under the OPPS. We note that the proposed PE RVUs for services in these code family include a redistribution of the PE RVUs from the newly bundled services to the other services in that family (90 FR 32428 through 32429.)

Q: Why is the PE RVU for CPT code 77402 not equal to the OPPS APC relative weight for APC code 5621?

A: We proposed to use the *relationship* between the APC payment rates to establish the relative relationship of the PE RVUs within each code family. We did not propose to calculate PE RVUs using the values of the OPPS APC relative weights (90 FR 32425.)