

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10764	Date: May 11, 2021
	Change Request 12200

SUBJECT: Ensuring Allogenic Stem Cell Acquisition Charges Are Not Included in the Inpatient Prospective Payment System (IPPS) Payment Calculation

I. SUMMARY OF CHANGES: This change request ensures that allogenic stem cell acquisition costs, reported with revenue code 0815, are not included in the IPPS payment and are deducted prior to processing through Pricer.

EFFECTIVE DATE: October 1, 2021

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 4, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: In the Fiscal Year (FY) 2021 Inpatient Prospective Payment System (IPPS) Final Rule, 85 FR 58432, CMS established 42 Code of Federal Regulation (CFR) 412.113(e) for cost reporting periods beginning on or after October 1, 2020, in the case of a Social Security Act §1886(d) hospital that furnishes an allogeneic hematopoietic stem cell transplant to an individual, payment to such hospital for hematopoietic stem cell acquisition costs is made on a reasonable cost basis. Contractors shall determine the reasonable cost of acquiring allogeneic hematopoietic stem cells defined in 42 CFR 412.113(e)(2), in accordance with regulations at 42 CFR 413.64(c)(3) and (4), (d), (e), and 413.64(f).

In addition, section 108 of the Further Consolidated Appropriations Act, 2020 provides that in the case of a subsection (d) hospital that furnishes an allogeneic hematopoietic stem cell transplant, payment to such hospital for hematopoietic stem cell acquisition shall be made on a reasonable cost basis. This is the same way hospitals with approved transplant centers are reimbursed for their acquisition costs for solid organs under 42 CFR 412.113(d).

This Change Request (CR) enables the system changes required to ensure that covered costs reported on the inpatient claim for allogeneic stem cell acquisition are no longer sent to the IPPS PPS Pricer for payment consideration, effective for discharges occurring on or after October 1, 2021.

B. Policy: This CR further implements system changes under the FY 2021 final rule CMS-1735-F defined in 42 CFR 412.113(e)(2), in accordance with regulations at 42 CFR 413.64(c)(3) and (4), (d), (e), and 413.64(f).

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC		D M E M A C	Shared- System Maintainers				Other	
		A	B		H H H	F I S S	M C S	V M S		C W F
12200.1	The Medicare contractor shall deduct allogeneic stem cell acquisition charges billed with revenue code 0815, from the total covered charges prior to sending an inpatient type of bill 11X claim to the Inpatient PPS Pricer for claims with a statement through date on or					X				

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
	after October 1, 2021.								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	F I S S	M C S	V M S	C W F
		A	B	H H H					
	None								

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: CR 11729

V. CONTACTS

Pre-Implementation Contact(s): Yvette Rivas, yvette.rivas@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0