



# Allogeneic Hematopoietic Stem Cell Transplantation

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Advisory Panel on Hospital Outpatient  
Payment Panel (HOP Panel)

August 22-23, 2016

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Donor Program (NMDP)



# Presentation Checklist

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# Financial Relationships

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- Jugna Shah, MPH is a consultant to the NMDP and is paid for her services.



# CPT/HCPCS and APC Codes

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This presentation involves:

- CPT® code: 38240 for Allogeneic hematopoietic stem cell transplantation (HSCT)
- Proposed Comprehensive APC (C-APC) 5244

# Description of the Issue

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- Currently CMS pays for CPT 38240 for outpatient allogeneic hematopoietic stem cell transplantation (HSCT) through APC 5281 with a payment rate of \$3015
- This payment level is insufficient given the payment is intended to cover the cost of the transplant (i.e., infusion of donor cells) as well as all donor related search and cell acquisition costs which in the case of unrelated donors can easily exceed \$30,000 and represents the major cost driver of the overall service/procedure.
- The NMDP has raised this issue to CMS over the years and has specifically explained how its rate-setting methodology, which relies on single procedure claims, is unable to accurately reflect the resources required to treat outpatient allogeneic HSCT and that exploration of creating a composite APC or a comprehensive APC may be prudent.

# Description of the Issue (cont.)

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- The NMDP understands and supports CMS' CY 2017 OPPS proposal to create a C-APC for allogeneic HSCT
  - Specifically, CMS proposes to assign CPT code 38240 to C-APC 5244
  - CMS has also proposed other billing changes which we plan to review and address in detail in our written comment letter
- Proposed C-APC 5244 has an improved payment rate over the current CY 2016 rate since the C-APC rate-setting process allows more accurate rate-setting than CMS' usual APC rate-setting methodology
- While the NMDP supports creating a C-APC for allogeneic HSCT, we believe one simple refinement to CMS' rate-setting logic is necessary to allow alignment between the claims data CMS uses for rate-setting and its own billing guidance to providers.

# Recommendations

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- The NMDP believes CMS should only use correctly coded allogeneic HSCT claims data (i.e., those with both CPT code 38240 and revenue code 0819 reported on the same date of service) to develop the proposed C-APC payment rate
- The NMDP respectfully requests the HOP Panel recommend to CMS that it use only the subset of CPT code 38240 claims that contain both CPT code 38240 and revenue code 0819 to calculate the newly proposed C-APC 5244 payment rate
  - Instead of using 40 claims as proposed by CMS to set the C-APC payment rate, CMS would use only the 26 claims that have both CPT code 38240 and revenue code 819 present. By using only correctly coded claims, we expect geometric mean cost of C-APC 5244 to change from about \$15,989 to \$29,093.
- Limiting the claims to those with CPT 38240 and revenue code 0819 charges ensures the claims used for the C-APC adhere to CMS' billing guidance that requires donor search and cell acquisition charges be reported on the same date of service as the HSCT procedure

# Rationale for Recommendations

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- Claims with CPT code 38240 and no revenue code 0819 charges should not be used for rate-setting as these are incorrectly reported claims since donor search and cell acquisition costs are missing
- To knowingly use incorrectly coded claims for rate-setting skews APC payment rates downward and can impact provider's ability to treat patients in the most appropriate setting
- Using correctly coded claims data for rate-setting, especially in instances where so few cases are present, will result in more appropriate OPPS payment rates
- In other cases, CMS has “trimmed” or “removed” aberrant claims for rate-setting purposes (i.e., partial hospitalization claims, device to procedure claims, etc.)



# Expected Outcome

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- More appropriate payment for allogeneic HSCT provided in the outpatient setting that reflects donor search and cell acquisition costs as well as the procedure cost

# Potential Consequences of Not Making the Requested Change

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- Incorrectly coded claims data will be used to set the payment rate for C-APC 5244 resulting in inadequate reimbursement for CPT code 38240 for outpatient allogeneic HSCT

# Summary

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- The NMDP respectfully requests the HOP Panel recommend to CMS that it use only the subset of CPT code 38240 claims that contain both CPT code 38240 and revenue code 0819 to calculate the newly proposed C-APC 5244 payment rate
  - This means CMS would use the 26 claims which have both CPT code 38240 and revenue code 819 present instead of the 40 claims proposed by CMS to set the payment rate for C-APC 5244.
- Limiting the claims to those with CPT 38240 and revenue code 0819 charges ensures the claims used for the C-APC adhere to CMS' billing guidance that requires donor search and cell acquisition charges be reported on the same date of service as the HSCT procedure