



# Autologous Hematopoietic Stem Cell Transplantation

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Advisory Panel on Hospital Outpatient Payment Panel  
August 19-20, 2019

**Presented By: The National Marrow Donor Program/Be The Match®**

# Presentation Checklist

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- ☐ Financial relationship – slide 3
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# Financial Relationships

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- Susan Leppke, MPH Director of Government Affairs and Policy, National Marrow Donor Program/Be The Match® has no disclosures.
- Jugna Shah, MPH, CHRI is a consultant to the National Marrow Donor Program/Be The Match® and is paid for her services.

# CPT/HCPCS and APC Codes

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This presentation involves:

- CPT® code: 38241 for autologous stem cell transplant (SCT) which groups to APC 5242

# Description of Issue

- CPT code 38241, autologous stem cell transplant, is assigned to APC 5242 (Level 2 Blood Product Exchange and Related Services) with a proposed CY 2020 payment rate of \$1,317.51
- CPT code 38241 continues to be a very low volume outpatient procedure as evidenced by the data in the table below from CMS' CPT cost statistics files from the past five years

Volume Data from CMS' Costs for Hospital Outpatient Services, by HCPCS Code File						
Year	HCPCS	SI	APC	Payment Rate	Single Frequency	Total Frequency
2015 - Final Rule	38241	S	0112	\$2,844.69	13	326
2016 - Final Rule	38241	S	5281	\$3,015.06	7	367
2017 - Final Rule	38241	S	5242	\$1,098.22	13	334
2018 - Final Rule	38241	S	5242	\$1,221.66	23	378
2019 - Final Rule	38241	S	5242	\$1,247.00	14	414
2020 - Proposed Rule	38241	S	5242	\$1,317.51	6	372

# Description of Issue (Cont.)

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- The APC rate-setting methodology relies on single and pseudo-single procedure claims which is problematic for low volume procedures that typically involve multiple packaged and separately payable services on the same day; these completely coded, accurate claims do not get used in rate-setting
- Instead, CMS' rate-setting process ends up using inaccurate and often incomplete claims resulting in artificially low, unrepresentative payment rates which is the case for autologous stem cell transplant just as it had been for allogeneic stem cell transplant which CMS has since converted to a C-APC

# Recommendations

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- CMS should create a new C-APC for autologous stem cell transplant similar to how it finalized C-APC 5244 for allogenic stem cell transplant in the CY 2017 OPPS Final Rule
- Unfortunately between the late release of the rule and the submission deadline for the HOP Panel, we were unable to finalize our modeling for creating an autologous stem cell transplant C-APC but intend to prior to the HOP Panel Meeting
- Given CMS' interest in continuing to create more C-APCs, we respectfully request the HOP Panel request CMS to model a C-APC for autologous stem cell transplant and release results in the CY 2020 OPPS final rule

# Rationale for Recommendations

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- Autologous stem cell transplant, like allogeneic stem cell transplant, is an appropriate C-APC candidate since there is a single primary service (the infusion of cells), that is typically reported with other ancillary and adjunctive services such as thawing, washing, cell preparation, lab work, etc..
- Since it is typical for there to be multiple packaged, conditionally packaged, and multiple separately payable services on the same date of service (or same claim), creating a C-APC for autologous stem cell transplant will enable CMS to use far more claims than the current 6 single procedure claims proposed for CY 2020 rate-setting which should result in a more appropriate payment rate
- CMS will be able to continue moving away from a fee-for-service like payment system to one with larger and larger bundles of services which receive a single payment



# Expected Outcome

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- CMS will further its goal of creating larger bundles of services by creating a new C-APC for autologous stem cell transplant
- CMS will provide more accurate and fair payment to hospitals.
- More appropriate rate for this service may result in increased access

# Potential Consequences of Not Making the Requested Change

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- By not making this change, CMS will likely continue using incorrectly coded single procedure or pseudo single procedure claims to set the APC payment rate which will continue to remain inappropriately low for autologous stem cell transplant.