



Autologous Hematopoietic Stem Cell Transplantation

Advisory Panel on Hospital Outpatient
Payment Panel (HOP Panel)

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Presentation Checklist

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Financial Relationships

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

CPT/HCPCS and APC Codes

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 2019 payment rate of \$1222.97
- APC payment rates are created using single and pseudo-single procedure claims which for autologous stem cell transplant means that CMS is more than likely using incorrectly coded claims since many packaged services along with separately payable and conditionally packaged ancillary services are typically provided on the same date of service.
- We believe CMS' usual APC rate-setting process results in an inadequately low APC payment rate being computed for autologous stem cell transplant

Recommendations

- We believe it would be more appropriate for autologous stem cell transplant to be assigned a Comprehensive Ambulatory Payment Classification (C-APC) similar to C-APC 5244 for allogenic stem cell transplant that CMS finalized in the CY 2017 OPPS Final Rule.
- Unfortunately we did not have the time to replicate CMS' CY 2019 OPPS Proposed Rule or simulate a new C-APC for autologous stem cell transplant due to the rule's late release and the timeline for submission to the HOP Panel.
- Therefore, the NMDP requests the HOP Panel recommend to CMS that it study the development of a C-APC for autologous stem cell transplant.

Rationale for Recommendations

- The NMDP understands that CMS selects services to study for C-APC development when there is a single primary service, such as a major surgical procedure or other major comprehensive service, that is typically reported with other ancillary and adjunctive services.
- We believe CPT code 38241 meets the definition of a primary service for the purpose of a C-APC
- We believe autologous stem cell transplant along with its associated ancillary and adjunctive services would be well placed in a C-APC.



Expected Outcome

- CMS will be able to further its goal of creating larger bundles of services by creating a C-APC for autologous stem cell transplant while providing more appropriate and fair reimbursement for this service to hospitals.

Potential Consequences of Not Making the Requested Change

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