



Allogeneic Hematopoietic Stem Cell Transplantation

Advisory Panel on Hospital Outpatient
Payment Panel (HOP Panel)

August 21-22, 2017

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Donor Program (NMDP)

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: 38205 for allogeneic hematopoietic stem cell transplantation (HSCT) which is proposed to group to APC 5242

Description of Issue

- CPT code 38205 describes blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic. This code represents a donor acquisition cost for an allogeneic hematopoietic stem cell transplant (HSCT).
- Since 2010, this code has been assigned status indicator “B” since it is a service provided to a donor and therefore not billable to the donor but instead charges for this service, per CMS’ own billing guidance are to be held and reported through revenue code 0815 (previously 0819) on the recipient’s transplant claim.

Recommendations

- ❑ The NMDP requests the HOP Panel recommend to CMS that it maintain the current status indicator of “B” for CPT code 38205 rather than changing it to “S” until the agency has time to evaluate this status indicator along with the status indicators for all donor-related CPT codes.
- ❑ We appreciate the Agency’s interest in having consistency among codes for a particular type of service, but believe the best way to achieve this would be to review all of the codes associated with donor related services before making any individual code changes.
- ❑ The NMDP also requests the HOP Panel recommend to CMS that it continue the work currently underway to provide appropriate, separate payment for donor search and cell acquisition costs.

Rationale for Recommendations

- By maintaining the current status indicator for CPT code 38205 until such time CMS is able to evaluate all donor related CPT codes, CMS will ensure that confusion is not created among providers about being able to charge this code separately at the time a service is provided to the donor on behalf of the recipient
- CMS will also ensure that it does not inappropriately pay for 38205 if a provider erroneously bills this code out due to a coding error



Expected Outcome

- ❑ Continued effective implementation of CMS' long-standing policies about how services/charges associated with donor search and cell acquisition are to be reported
- ❑ Appropriate information for future rate setting
- ❑ Comprehensive review of all services associated with HSCT and the development of appropriate payment policies for allogeneic transplants provided in the outpatient setting

Potential Consequences of Not Making the Requested Change

- CMS could inadvertently pay providers for a service that is either accidentally/erroneously billed by a provider or that is charged to a donor