



PAYMENT FOR BLOOD NOT OTHERWISE CLASSIFIED (NOC) CODE

Advisory Panel on Hospital Outpatient Payment

Presented by The Provider Roundtable

August 31, 2020

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The Provider Roundtable (PRT)

- PRT members represent 14 hospitals and/or health systems representing patients from 20 states across the country
- Today's presenters are:

*John Settlemyer, MBA, MHA, CPC
Assistant Vice President,
Revenue Management / CDM Support
Atrium Health, Charlotte, NC*

*Kathy L. Dorale, RHIA, CCS, CCS-P
VP, Health Information Management
Avera Health, Sioux Falls, SD*

- As provider employees, we have no financial relationship to report related to this proposal

Affected CPTs and APCs

- HCPCS Codes: P9099 (Blood component or product not otherwise classified)
- APCs: N/A since this code is new but since CMS has proposed to package it, it could impact any/all APCs

Description of The Issue

- Several new blood products are expected by the end of CY 2021 and according to CMS in the CY 2021 OPPS Proposed Rule, providers and stakeholders requested a new HCPCS code to allow for payment
- Until specific HCPCS codes are assigned to the new blood or blood products, an unclassified code would be used
- Under the OPPS, unclassified procedures are generally assigned to the lowest APC payment level of an APC family but that is not what CMS has proposed in the case of the new unclassified/unlisted new blood product code P9099
 - CMS rationale against separate payment seems to be that since blood products are each assigned to their own unique APC, the concept of a lowest APC payment level does not apply
 - *CMS states “because of the challenges of determining an appropriate payment rate for unclassified blood products, we are considering packaging the cost of unclassified blood products into their affiliated primary medical procedure”*

Description of The Issue (Cont.)

- The PRT disagrees with this approach for several reasons
 - Packaging payment for blood products, even for a short period until specific HCPCS codes are established is not consistent with CMS' existing OPPS methodology of paying for blood or blood products separately
 - Since there are no dollars already included for any blood or blood products and certainly not new products into primary medical procedure APCs, providers would effectively receive no payment, as there would be no additional costs packaged for blood/blood products billed with P9099
 - Even though new products will have varying costs reported using HCPCS code P9099, we believe it is both important and appropriate for CMS to continue its longstanding OPPS payment policy of making separate payment until product-specific data is collected through new blood or blood product HCPCS codes

Recommendation and Our Rational

- CMS acknowledged using the lowest paying blood product APC would not be appropriate. We agree with this and recommend that the HOP Panel request CMS assign HCPCS Code P9099 (Blood component or product not otherwise classified) to a new payable blood/blood product APC based on the weighted average of current blood/blood product APCs
- This new APC would be assigned anytime HCPCS code P9099 is reported to reflect a new blood or blood product that has not yet been assigned a unique HCPCS code
- When new product-specific HCPCS codes are available they too would be assigned to this newly created APC until claims data becomes available to create separate APC(s) for the new, specific blood product(s) consistent with CMS' existing policy

Potential Consequences of Not Making Requested Change

- Lack of payment, either separate or packaged for new blood or blood products
- Hospital may be confused and less likely to report HCPCS code P9099 if there is no payment due to assignment of status indicator "N"
- Patient access may be impacted if providers are confused or elect not to provide new blood or blood products if there is no reimbursement

Expected Outcomes of Making the Change

- By making this change, CMS will continue its longstanding OPPS payment policy for blood and blood products by providing separate reimbursement for new blood/blood products while simultaneously collecting data to use for future rate-setting
- Hospitals are far more likely to report HCPCS code P9099 if there is separate reimbursement rather than assigning status indicator “N”

Summary and Final Recommendation

- CMS should not assign status indicator “N” to new blood or blood products reported with HCPCS code P9099
- Providers should receive separate reimbursement for new blood/blood products as they incur a cost since and no costs for new products or existing products are included in any existing APCs for blood or blood products since CMS has never packaged these.
- The PRT requests the HOP Panel recommend to CMS that it assign status indicator “R” to P9099 and place it in a new blood product APC based on the weighted average of all blood/blood product APCs