



Allogeneic Bone Marrow Transplant- APC 0112

Advisory Panel on Hospital Outpatient
Payment Panel (HOP Panel)

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The National Marrow Donor Program (NMDP) and American
Society of Blood and Marrow Transplantation (ASBMT)

Presentation Checklist

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Financial Relationships

- ❑ Jugna Shah, MPH is a consultant to the NMDP and is paid for her services.
- ❑ Dr. Lill is the Medical Director of the Blood and Marrow Transplant Program at Cedars-Sinai Medical Center and has no financial conflicts to report.



CPT/HCPCS and APC Codes

This presentation involves:

- CPT® code: 38240
- APC 112

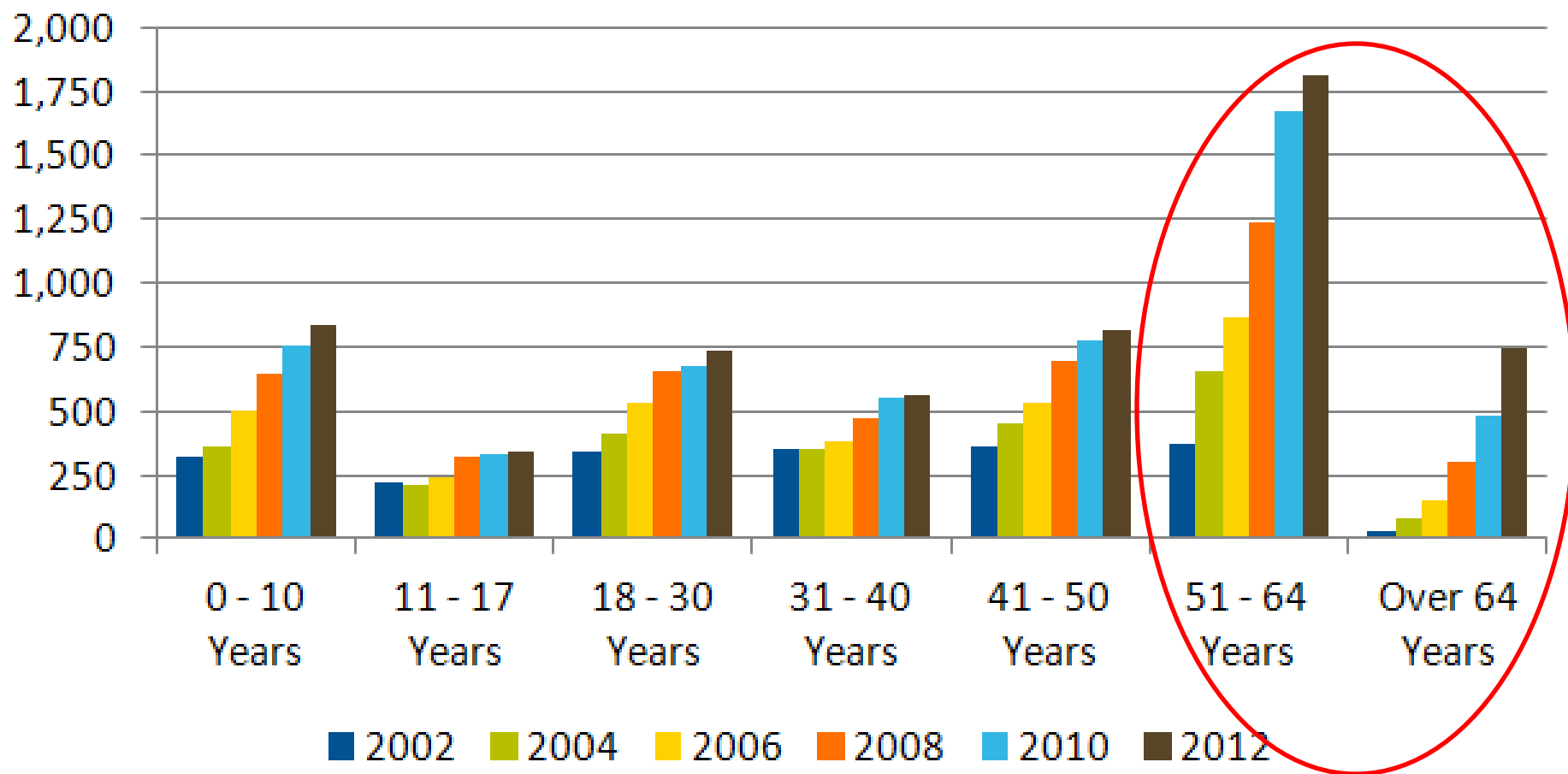
Description of Issue

- The following CPT codes assigned to APC 0112 are not clinically similar or resource homogenous as evidenced by the variability in the geometric mean cost

HCPCS	SI	APC	Payment Rate	Single Frequency	Total Frequency	Minimum Cost	Maximum Cost	Median Cost	Geometric Mean Cost	CV
36515	S	0112	\$2,888.70	50	78	\$0.81	\$3,173.50	\$31.37	\$65.06	146.832
36516	S	0112	\$2,888.70	1,276	1,421	\$453.36	\$15,428.36	\$1,793.94	\$1,799.97	111.260
36522	S	0112	\$2,888.70	7,591	9,138	\$402.02	\$28,631.99	\$3,087.69	\$3,325.72	104.032
38230	S	0112	\$2,888.70	11	68	\$316.60	\$17,933.51	\$1,300.64	\$1,363.74	170.205
38240	S	0112	\$2,888.70	1	47	\$8,887.68	\$8,887.68	\$8,887.68	\$8,887.68	.
38241	S	0112	\$2,888.70	20	302	\$460.54	\$7,889.63	\$1,232.99	\$1,330.93	113.617
0263T	S	0112	\$2,888.70	3	16	\$2,646.38	\$2,744.41	\$2,724.16	\$2,704.65	1.913

- The payment rate for CPT code 38240 should reflect donor search and acquisition costs as these are a significant portion of the overall cost associated with providing allogeneic transplants, unlike autologous transplants or the other procedures assigned to APC 0112.
- The placement of CPT code 38240 in APC 0112 also violates CMS' two times rule.

NMDP Allogeneic Transplants by Recipient Age



Clinical Examples

- **Allogeneic transplant case info/example:** 68-year-old male receiving a transplant for Chronic Lymphocytic Leukemia (CLL) with unrelated donor cells.
 - By definition, allogeneic transplants require donor cells and the search and procurement costs of these cells are not separately payable by Medicare. Medicare requires providers to report these charges using revenue code 0819 and then relies on its usual rate-setting methodology to package these costs if possible into the separately payable procedure APC.
- **Autologous transplant case info/example:** 67-year-old female with Multiple Myeloma receiving a transplant *with* her own cells.
 - By definition, autologous transplants use cells from the patient himself/herself so there are no donor related charges. Instead, the cells are harvested from the patient and this service/harvesting procedure is separately payable by Medicare.

Recommendation

- ❑ The NMDP and ASBMT request the HOP Panel recommend to CMS that it study single and multiple procedure claims in detail so it can assess whether donor search and acquisition charges reported through revenue code 0819 are being packaged into the APC payment rate for CPT code 38240 since correctly coded allogeneic bone marrow transplant claims are likely to be multiple procedure claims.
- ❑ The NMDP and ASBMT also request the HOP Panel recommend to CMS that it assign CPT code 38240 to its own APC and create a payment rate that reflects packaged donor search and acquisition costs.

Rationale for Recommendation

- By making the change requested, CMS will pay more appropriately for allogeneic outpatient transplants represented by CPT code 38240.
- Allogeneic transplants by definition involve donor search and acquisition charges which CMS has requested providers report using revenue 0819, unlike autologous transplants. Therefore donor search and acquisition charges should be factored into the reimbursement CMS provides hospitals for outpatient allogeneic transplants reported using CPT code 38240.
- By creating a separate APC for allogeneic transplants and autologous transplants, CMS will provide more appropriate reimbursement for both types of transplants, similar to the separate MS-DRGs it has created in the in-patient setting for each transplant type.
- By studying single and multiple procedure claims, CMS will be able to assess whether charges reported through revenue code 0819 for donor search and acquisition charges are truly being packaged into the APC payment rate for CPT code 38240.
- CMS will also avoid the current two times rule violation for this CPT code

Expected Outcome

- Appropriate payment to hospitals for allogeneic transplants provided in the outpatient setting
- Detailed review of single and multiple procedure outpatient allogeneic transplant claims can result in more appropriate reimbursement for *all* of the charges associated with allogeneic transplants

Potential Consequences of Not Making the Requested Change

- ❑ Continued inappropriate reimbursement for CPT code 38240 for outpatient allogeneic transplant
- ❑ Providing the same level of reimbursement through APC 0112 for autologous and allogeneic transplants is inappropriate since allogeneic transplants are more costly due to the donor cell search and acquisition charges that must be factored into the rate-setting process, while autologous transplants do not.
- ❑ If CMS does not appropriately recognize the costs associated with providing outpatient allogeneic transplants, then it will either risk driving these services into the more costly inpatient setting or continue to penalize hospitals that are able to safely and effectively provide Medicare beneficiaries with allogeneic transplants in the outpatient setting.