

RECOMMENDATIONS

Centers for Medicare and Medicaid Services (CMS)

Advisory Panel on Hospital Outpatient Payment

August 20, 2018

Specific Ambulatory Payment Classification (APC) Groups and Assignments

1. The Panel recommends that CMS study the appropriateness of creating a comprehensive APC for autologous hematopoietic stem cell transplantation.
2. The Panel recommends that CMS reassign the status indicators (SIs) for the following CPT codes from B to S:
 - CPT code 05X1T, *Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day*
 - CPT code 05X2T, *Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived lymphocytes for transportation (eg, cryopreservation, storage)*
 - CPT code 05X3T, *Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration*
 - CPT code 05X4T, *Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous*

The Panel further recommends that CMS assign CPT code 05X1T and CPT code 05X4T to APC 5242, *Level 2 Blood Product Exchange and Related Services*, and CPT code

05X2T and CPT code 05X3T to APC 5241, *Level 1 Blood Product Exchange and Related Services*.

3. The Panel recommends that CMS not implement the proposals for reduction in payment for outpatient clinic visits or restrictions to service line expansions. The Panel recommends that CMS study the matter to better understand the reasons for increased utilization of outpatient services.
4. In the interest of validating the packaging methodology, the Panel recommends that CMS publish the detail of packaging payments, specifically the information for clinical laboratory tests and ancillary services, as well as total packaged costs, and that CMS publish the data along with its proposed and final rules so that stakeholders have an opportunity to evaluate and respond to the data.

Visits and Observation Issues

5. The Panel recommends that CMS continue to report clinic/emergency department visit and observation claims data and, if CMS identifies changes in patterns of utilization or cost, that CMS bring those issues before the Visits and Observation Subcommittee in the future.
6. The Panel recommends that CMS report data on what percentage of observation stay claims greater than 48 hours have a date of service that begins on a Friday.
7. The Panel recommends that the work of the Visits and Observation Subcommittee continue.

8. The Panel recommends that Scott Manaker, M.D., Ph.D., serve as Chair of the Visits and Observation Subcommittee.

APC Groups and SI Assignments Issues

9. The Panel recommends that the work of the APC Groups and SI Assignments Subcommittee continue.
10. The Panel recommends that Agatha L. Nolen, Ph.D., D.Ph., serve as Chair of the APC Groups and SI Assignments Subcommittee.

Data Issues

11. The Panel recommends that CMS provide the Data Subcommittee a list of APCs fluctuating significantly in costs prior to each Panel meeting.
12. The Panel recommends that CMS provide the Data Subcommittee a presentation on the claims accounting process prior to each Panel meeting.
13. The Panel recommends that the work of the Data Subcommittee continue.
14. The Panel recommends that Erika Hardy, R.H.I.A., serve as Chair of the Data Subcommittee.