



CMS CY2017 Outpatient Prospective Payment System (OPPS) Proposed Rule

The Centers for Medicare and Medicaid Services (CMS) released the Calendar Year (CY) 2017 OPPS Proposed Rule on July 6. We applaud CMS for taking this first step forward in improving the outpatient payment rate for hematopoietic cell transplantation (HCT). The proposed changes are the result of many conversations with CMS, as well as past comment letters from transplant centers across the country and represent a sustainable future for outpatient HCT.

Although the Proposed Rule is an important step forward, the details matter and we have requested some important modifications to make sure that the new outpatient payment rate is set using the best data possible and can be updated over time as costs naturally fluctuate. Read [NMDP/ASBMT's joint comments to CMS on the CY17 OPPS Proposed Rule](#).

Proposed Rule overview:

New C-APC 5244	New Cost Center and Revenue Code	Mandatory Reporting of Acquisition Charges
<ul style="list-style-type: none">•Assign procedures from CPT code 38240 including donor search and cell acquisition charges•Proposed payment rate: \$15,267	<ul style="list-style-type: none">•Dedicated cost center on Worksheet A—11250•Revenue code 0815 for tracking donor search, cell procurement and related charges•Map to new line 112.50 on the Forum CMS-2552-10 cost report	<ul style="list-style-type: none">•Hospitals will be required to identify donor search and cell acquisition charges for allogeneic HCT only•These charges include NMDP/Be The Match fees, HLA typing, donor evaluation, cell collection etc.

The proposed changes will substantially change payment and rate setting for Medicare outpatient HCT. We ask that you submit a comment letter thanking CMS for including these changes in the Proposed Rule and recommend that CMS re-calculate the proposed C-APC rate using only the CPT code 38240 claims that include revenue code 0819. CMS takes comments from transplant centers very seriously and will consider the changes you recommend as they finalize the OPPS rule.

Please submit a comment to CMS on behalf of your transplant program. Comments are due to CMS by **September 6, 2016**. You can submit a comment as an individual health care professional and/or from your transplant center. To assist in this process, we've drafted a [comment letter](#) you can quickly customize and send.

If you would like to talk through the OPPS Proposed Rule analysis and learn more about how you can comment, please contact [Alicia Silver](#) (763-406-8669) to set up a quick conference call with our team.

FY 2017 IPPS Final Rule

CMS released the Fiscal Year (FY) 2017 Inpatient Prospective Payment System (IPPS) [Final Rule](#) on August 2, 2016.

Final Rule impact on HCT:

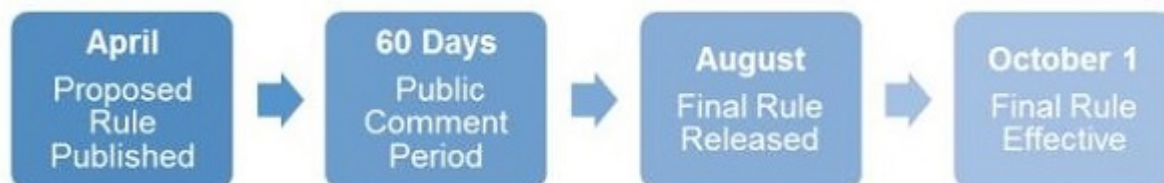
Unfortunately, CMS did not include any changes to the inpatient payment policy for HCT in the IPPS Final Rule. Although we are disappointed that HCT didn't make into the Final Rule, we know that the overwhelming volume of comments on this topic will likely put HCT inpatient payment policy on the agenda for Medicare rulemaking in 2017.

We encourage more active participation from transplant centers to help secure changes to the payment policy for HCT in future rulemaking sessions. More than **670 comment letters** were submitted to CMS on the IPPS Proposed Rule to change the payment policy for HCT to align with solid organ transplant, but only three of those comment letters came from transplant centers.

See below diagrams for annual rulemaking timelines. We will continue reimbursement discussions with CMS and will be asking for your participation to affect these rules in 2017.

Don't forget that there is still time to comment on the CY2017 outpatient payment policy (OPPS) Proposed Rule. See above for more details! IPPS Annual Rulemaking Timeline.

IPPS annual rulemaking timeline



OPPS annual rulemaking timeline



Defitelio® FY 2017 New Technology Add-On Payments

Defitelio, a new infusion drug that treats hepatic veno-occlusive disease (VOD) with multi-organ failure, a rare post-HCT complication was approved for new technology add-on payments (NTAP) for FY 2017. For example, if you are treating a Medicare patient under DRG 014 (Allogeneic Bone Marrow Transplant) and the claim also includes Defitelio to treat VOD with multi-organ failure, the NTAP would be paid in addition to the DRG 014 payment. You must reference one of the new ICD-10-PCS codes for Defitelio listed in the table below. This additional payment for Defitelio will likely be in effect for 2-3 years. For FY 2017, the NTAP is \$75,900.

New ICD-10-PCS Procedure Codes
XW03392 (introduction of defibrotide sodium anticoagulant into peripheral vein, percutaneous approach)
XW04392 (introduction of defibrotide sodium anticoagulant into central vein, percutaneous approach)

Questions?

Please contact Alicia Silver at alicia.silver@nmdp.org (763-406-8669) with any questions.

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