



Yesterday, CMS published the Calendar Year 2017 [proposed rule for Outpatient Prospective Payment System](#) (OPPS). This rule set rates and policy for payment for procedures performed for Medicare beneficiaries in the outpatient setting.

Based on previous requests from the transplant community, the rule proposes significant changes to the payment amount and methodology for reporting costs related to HCT. This represents significant progress for reimbursement in the outpatient setting.

Key aspects include the following:

1. New Outpatient ACP for More Accurate Cost Reporting

Outpatient HCT (CPT 38240) will be moved into a new Comprehensive Ambulatory Payment Classification (C-APC). This allows all of the costs submitted on an outpatient HCT claim to remain together and be averaged with other outpatient HCT claims, versus being diluted by other lower cost services in a broader, non-comprehensive APC.

2. Increase in HCT Outpatient Payment Establishes Basis for Future Growth

Payment for the new C-APC is proposed to be \$15,267. This is a significant increase from the 2016 rate of \$3,015. While this still does not reflect the total acquisition costs associated with unrelated allogeneic transplant, the new C-APC methodology will allow for upward adjustment based on cost reporting practices.

3. New Dedicated Revenue Code for Allogeneic Cell Acquisition Costs

A new revenue code for tracking donor procurement and related charges has been proposed 112.50, "Allogeneic Stem Cell Acquisition". Currently, donor related costs are within a more general revenue code which was subject to a Cost to Charge Ratio (CCR) edit based upon broader blood products data. By having a dedicated revenue code, CMS will have a clearer understanding of these costs and better adjust rates in the future. This will apply only to allogeneic HCT.

4. Reporting of Acquisition Charges Required

Acquisition charges, including NMDP/Be The Match fees, HLA typing, donor evaluation, collection of cells and other costs, will be specifically required to be reported in Field 42 on CMS Form 1450 (UB-04) so that CMS may assess the charges and gauge how well the C-APC payment reflects the costs of providing these services.

We will be doing further technical analysis of the proposed rule over the next few weeks and will send out additional information. This will include our recommendations for areas of improvement to the proposed rule and direction for sharing your comments with CMS. The CMS OPPS comment period closes on **September 6, 2016**.

We are grateful for all of the comments the community has submitted during the previous three years of pursuing this change. We will need your continued activism during this comment period and will be in touch with more information in the coming weeks.

The proposed rule can be found at the [CMS website](#) (see pages 90-94 of the document for the HCT section).

If you have concerns or questions about the proposal, please contact Alicia Silver at asilver@nmdp.org or 763-406-8669.

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