Health Policy, Advocacy & HCT: What TC's Need to Know in 2018

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November 11, 2017

Disclosures

The following faculty and planning committee staff have no financial disclosures:

Name	Institution
Alicia Silver, MPP	NMDP/Be The Match
Kristen Bostrom	NMDP/Be The Match
Susan Leppke	NMDP/Be The Match

Learning objectives

At the conclusion of this session, attendees will be able to:

- Learning objective 1: Describe the current status of Medicare coverage and reimbursement for HCT
- Learning objective 2: Explain NMDP's advocacy approach for expanded Medicare coverage and enhanced reimbursement
- Learning objective 3: Find resources on the Reimbursement Resource Center for future reference.

Current PPP Priorities

Appropriations	Government Relationships	Advocacy/Grassroots	Medicare Coverage
Medicare Reimbursement	Health Economics	Sickle Cell Disease	Coding & Billing

Communication to our Network

COVERAGE

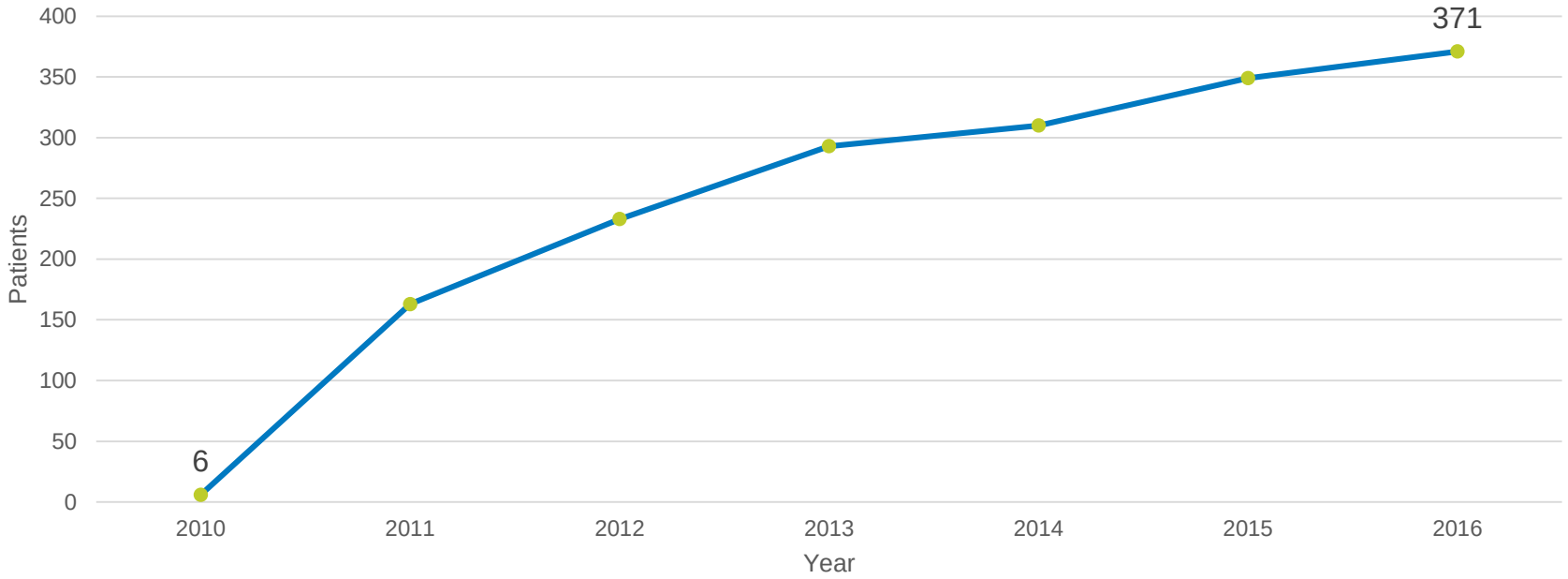
Medicare Coverage

Leukemia	Aplastic Anemia	Severe Combined Immunodeficiency Disease (SCID)	Wiskott-Aldrich Syndrome
Myelodysplastic Syndromes (MDS) CED	Sickle Cell Disease CED	Myelofibrosis CED	Multiple Myeloma CED

Current CEDs

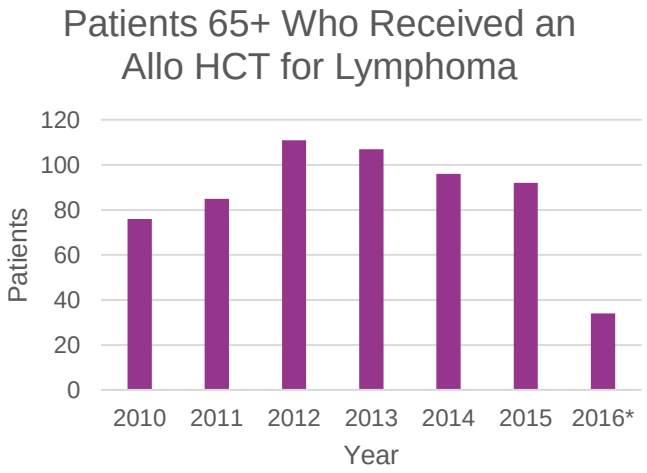
Myelodysplastic Syndromes	• Opened in 2010 • NCT #01166009
Sickle Cell Disease	• Opened in 2016 • aka BMT CTN 1503 (STRIDE2) • NCT #02766465
Myelofibrosis	• Opened in 2016 • NCT #02934477
Multiple Myeloma	• Opened in 2016 • NCT #03127761

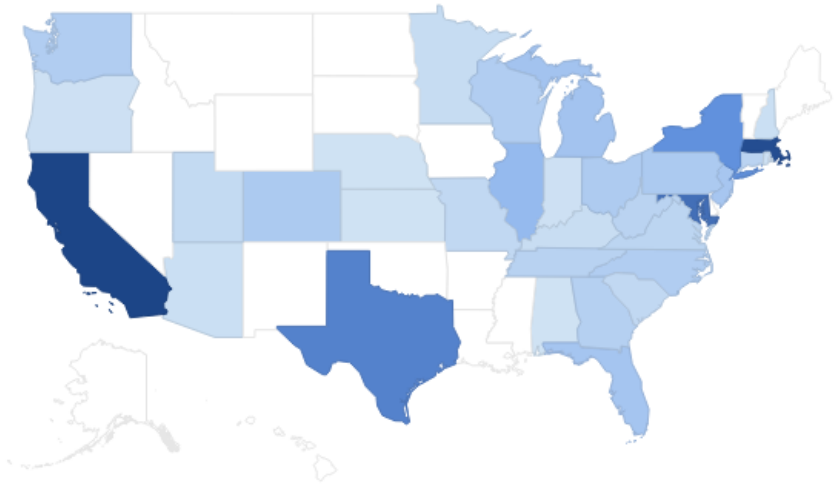
MDS CED: Access to Transplant



1896 Allogeneic Transplants Facilitated Through MDS CED since 2010

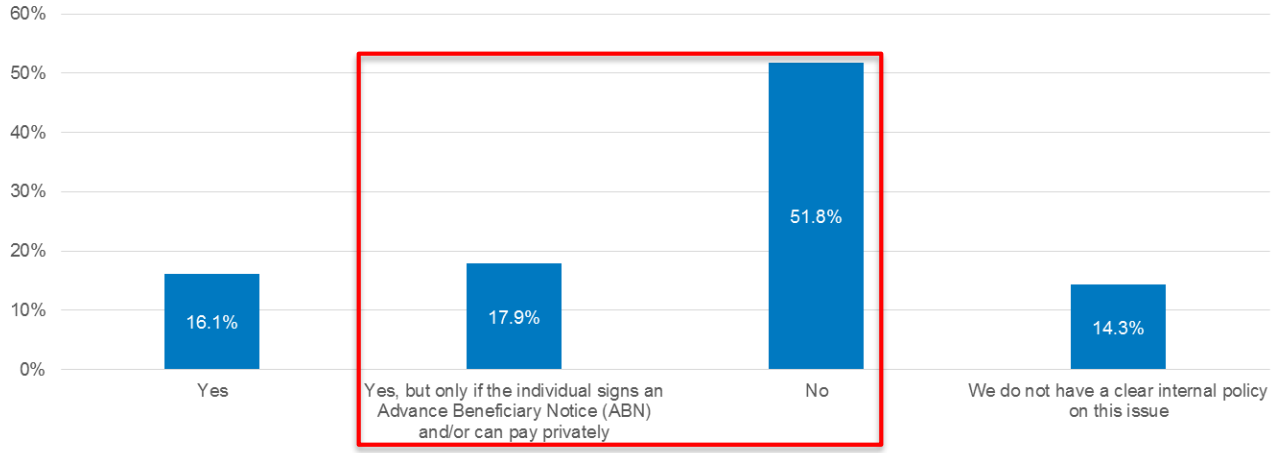
Medicare Coverage: Lymphoma





Medicare Coverage: Lymphoma

2015 Financial Barriers to HCT Survey: *"Does your program transplant Medicare patients who have a disease indication that is not listed on the National Coverage Determination (NCD) and therefore have unknown reimbursement?"* (n=56)



Commercial Payer Coverage Lymphoma

UnitedHealth Care

Aetna

Blue Cross Blue Shield Association

Cigna

Humana

Medicare Coverage Lymphoma: Strategy

- MAC approach

Autologous C-APC

Current Reimbursement

CPT 38241
Autologous Transplant

CPT 38206
PBSC Collection Autologous

APC 5242
Level 2 Blood Product Exchange & Related Services
$1,193.40

CPT 38208
Transplant prep of HPC, thawing of previously frozen harvest, without washing

CPT 96365
IV infusion, for therapy, prophylaxis or diagnosis

CPT 96374
Therapeutic, prophylactic, or diagnostic injection, IV push

CPT 38209
Transplant prep of HPC; thawing of previously frozen harvest with wash

Autologous C-APC

Autologous C-APC Advocacy

- Mini MS-DRG in the OPPS
- Request to be submitted by end of CY

MLN Matters

MLN Matters® Number: SE1624 **Related Change Request Number: N/A**

Types of Stem Cell Transplants that are covered:

Medicare covers allogeneic and autologous transplants. Allogeneic and autologous stem cell transplants are covered under Medicare for specific diagnoses.

1. Allogeneic Hematopoietic Stem Cell Transplantation (HSCT)

Allogeneic stem cell transplantation is a procedure in which a portion of a healthy donor's stem cells is obtained and prepared for intravenous infusion to restore normal hematopoietic function in recipients having an inherited or acquired hematopoietic deficiency or defect.

Expenses incurred by a donor are a covered benefit to the recipient/beneficiary but, except for physician services, are not paid separately. Services to the donor include physician services, hospital care in connection with screening the stem cell, and ordinary follow-up care.

2. Autologous Stem Cell Transplantation (AuSCT)

Autologous stem cell transplantation is a technique for restoring stem cells using the patient's own previously stored cells. Autologous stem cell transplants (AuSCT) must be used to effect hematopoietic reconstitution following severely myelotoxic doses of chemotherapy (High Dose Chemotherapy (HDCT)) and/or radiotherapy used to treat various malignancies.

In their **February 2016 OIG** report, the OIG determined that Medicare paid for many stem cell transplant procedures incorrectly. The main finding was that providers billed these procedures as inpatient when they should have been submitted as outpatient or outpatient with observation services. The key points in the report include:

- According to an independent medical review contractor contracted by OIG for this report, stem cell transplants are routinely performed in the outpatient setting.
- Hospitals may have incorrectly thought that stem cell transplantation was on CMS's list of inpatient-only procedures.

Health Economics

- HCT & Access to Fertility Preservation
- Medicare Beneficiary Access to Post-HCT Drugs
- MedPAR Claims Data Analysis
- Optum: AML HCT Cost Effectiveness Analysis
- Medicare Data: AML HCT Cost & Utilization Analysis
- Medicaid Data: SCD Cost & Utilization Analysis

Sickle Cell Disease (SCD)

- Overview of Medicaid & SCD initiative

REIMBURSEMENT

Cost of Allogeneic HCT

Majhail et al.

- Total median cost $203,026
- Includes inpatient and outpatient costs

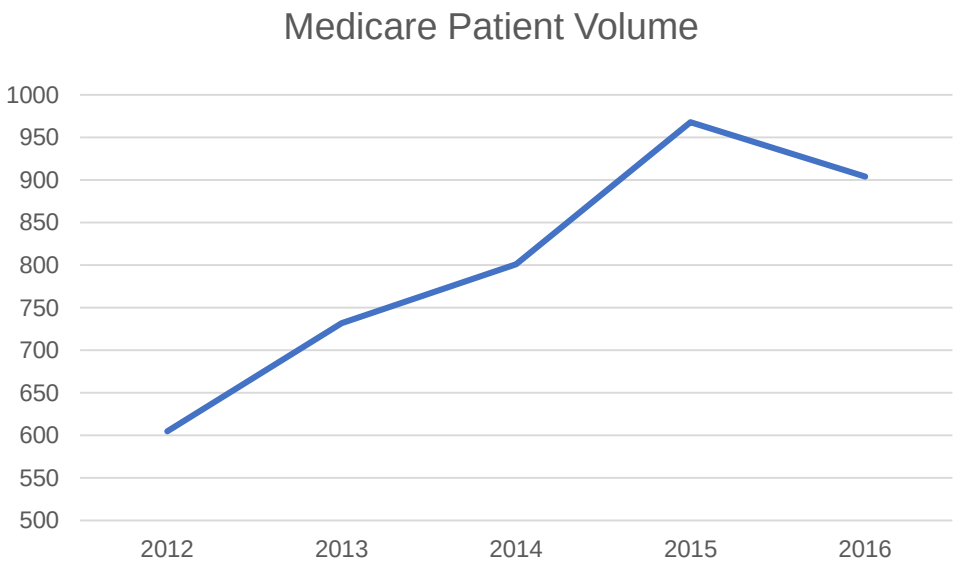
Milliman 2017

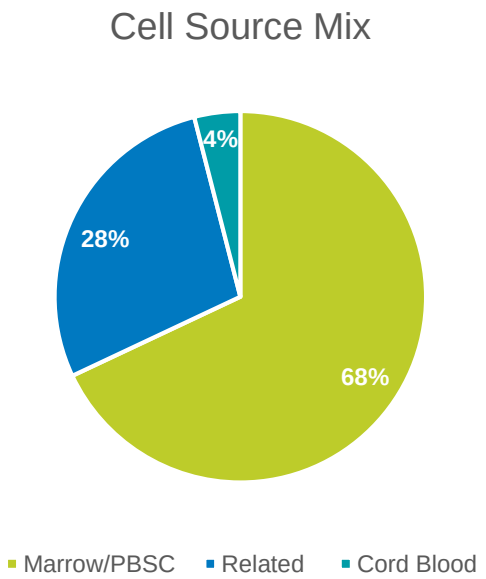
- Estimated billed charges $892,700
- 30 days pre-tx, cell procurement, inpatient, 180 days post-tx and drugs (immunosuppressant's, etc.)

NMDP Costs

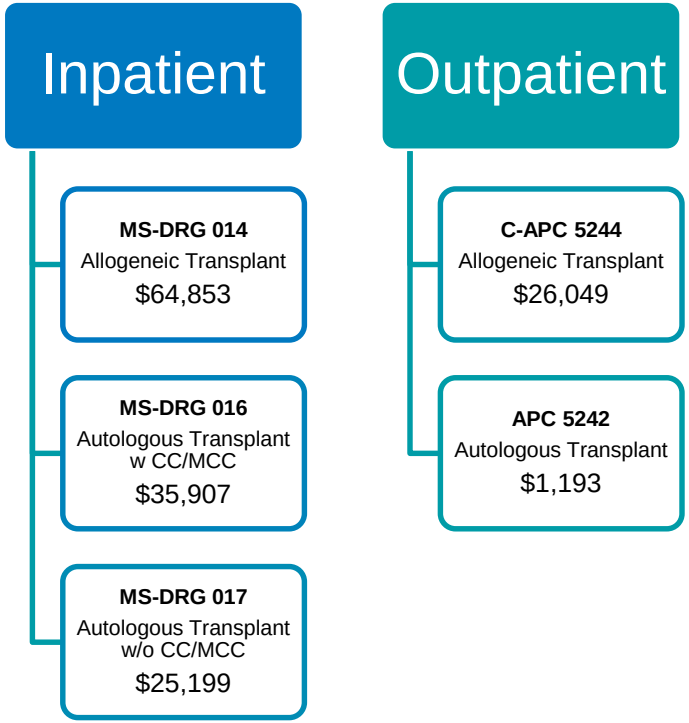
- Average marrow/PBSC: $65,117
- Average cord blood: $48,436

Medicare Allogeneic Transplant Trends





Current Medicare Reimbursement



Medicare Reimbursement Challenges

Persistent Issues with Reporting Costs

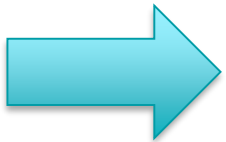
Data Year	Provider	% Reporting Revenue Code 0815	Minimum Revenue Code 0815 Charge	Mean Revenue Code 0815 Charge	Maximum Revenue Code 0815 Charge
2016	Non-ADCC	75%	$416 ($138)**	$72,306 ($24,005)**	$422,408 ($140,239)**
2016	ADCC*	69%	$2,823	$67,627	$214,020

*ADCC data not used in Medicare rate-setting

**Applies the Blood and Blood Products CCR of .332

Medicare Reimbursement Challenges

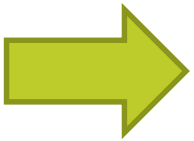
What if CMS only uses claims with revenue code 0815 in rate-setting?

$64,853  $76,207

Medicare Reimbursement Challenges

Donor Source Codes

Providers Reporting Donor Source Codes
71%



MS-DRG 014 after 00.91/00.92 removed	Weight 12.8079	$76,847
New **Related** MS-DRG	Weight 10.4785	$62,871
New **Unrelated** MS-DRG	Weight 11.6003	$69,601

Medicare Reimbursement

MS-DRG Modeling for SAC

Remove Revenue Code 0815 from MS-DRG 014	9.7107	$58,264
New Unrelated MS-DRG without Revenue Code 0815	9.6931	$58,158
New Related MS-DRG without Revenue Code 0815	9.7562	$58,537

Medicare Reimbursement

Best Case Scenario

$58,264

Cell Source	SAC Amount
Related	$21,620
Marrow/PBSC	$48,436
Cord Blood	$65,117

Cell Source	Total Reimbursement
Related	$79,884
Marrow/PBSC	$106,700
Cord Blood	$123,381

Medicare Reimbursement

Key Takeaway:

Remember to include **both** revenue code 0815 & donor source codes on all allogeneic HCT claims!

CODING & BILLING

NEW ICD-10 PCS Crosswalk!

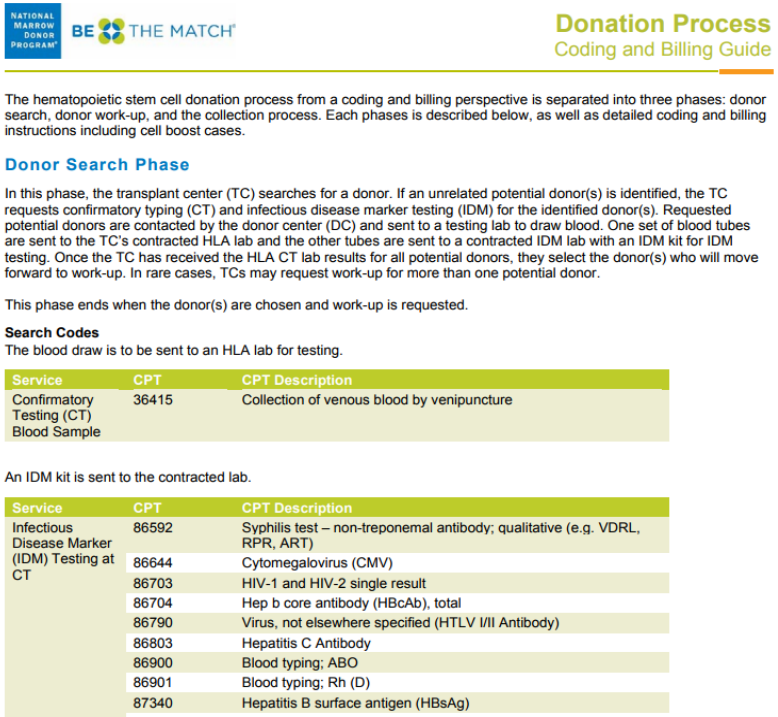
NATIONAL MARROW DONOR PROGRAM® BE THE MATCH®

ICD-10-PCS Codes

ICD-9-CM	2016 ICD-10-PCS	2016-ICD-10-PCS Description	2017 ICD-10-PCS	2017 ICD-10-PCS Description
Transplant				
41.01 Autologous **bone marrow** transplant without purging 41.09 Autologous **bone marrow** transplant with purging	30230G0	Peripheral vein, open, bone marrow, autologous	No Change from 2016	
	30233G0	Peripheral vein, percutaneous, bone marrow, autologous		
	30240G0	Central vein, open, bone marrow, autologous		
	30243G0	Central vein, percutaneous, bone marrow, autologous		
	30250G0	Peripheral artery, open, bone marrow, autologous		
	30253G0	Peripheral artery, percutaneous, bone marrow, autologous		
	30260G0	Central artery, open, bone marrow, autologous		
	30263G0	Central artery, percutaneous, bone marrow, autologous		
41.02 Allogeneic **bone marrow** transplant with purging 41.03 Allogeneic **bone marrow** transplant without purging	30230G1	Peripheral vein, open, bone marrow, nonautologous	30230G2	Peripheral vein, open, bone marrow, allogeneic, related
			30230G3	Peripheral vein, open, bone marrow, allogeneic unrelated
			30230G4	Peripheral vein, open, bone marrow, allogeneic, unspecified
	30233G1	Peripheral vein, percutaneous, bone marrow, nonautologous	30233G2	Peripheral vein, percutaneous, bone marrow, allogeneic, related
			30233G3	Peripheral vein, percutaneous, bone marrow, allogeneic, unrelated
			30233G4	Peripheral vein, percutaneous, bone marrow, allogeneic, unspecified
	30240G1	Central vein, open, bone marrow, nonautologous	30240G2	Central vein, open, bone marrow, allogeneic, related
			30240G3	Central vein, open, bone marrow, allogeneic, unrelated
			30240G4	Central vein, open, bone marrow, allogeneic, unspecified
	30243G1	Central vein, percutaneous, bone marrow, nonautologous	30243G2	Central vein, percutaneous, bone marrow, allogeneic, related
			30243G3	Central vein, percutaneous, bone marrow, allogeneic, unrelated
			30243G4	Central vein, percutaneous, bone marrow, allogeneic, unspecified
	30250G1	Peripheral artery, open, bone marrow, nonautologous	No Change from 2016	
	30253G1	Peripheral artery, percutaneous, bone marrow, nonautologous		
	30260G1	Central artery, open, bone marrow, nonautologous		
	30263G1	Central artery, percutaneous, bone marrow, nonautologous		
	30230Y0	Peripheral vein, open, stem cells, hematopoietic, autologous		
	30233Y0	Peripheral vein, percutaneous, stem cells, hematopoietic, autologous		

AUG 2017

NEW Donation Process Coding & Billing Guide



NATIONAL MARROW DONOR PROGRAM® BE THE MATCH®

Donation Process
Coding and Billing Guide

The hematopoietic stem cell donation process from a coding and billing perspective is separated into three phases: donor search, donor work-up, and the collection process. Each phases is described below, as well as detailed coding and billing instructions including cell boost cases.

Donor Search Phase

In this phase, the transplant center (TC) searches for a donor. If an unrelated potential donor(s) is identified, the TC requests confirmatory typing (CT) and infectious disease marker testing (IDM) for the identified donor(s). Requested potential donors are contacted by the donor center (DC) and sent to a testing lab to draw blood. One set of blood tubes are sent to the TC's contracted HLA lab and the other tubes are sent to a contracted IDM lab with an IDM kit for IDM testing. Once the TC has received the HLA CT lab results for all potential donors, they select the donor(s) who will move forward to work-up. In rare cases, TCs may request work-up for more than one potential donor.

This phase ends when the donor(s) are chosen and work-up is requested.

Search Codes
The blood draw is to be sent to an HLA lab for testing.

Service	CPT	CPT Description
Confirmatory Testing (CT) Blood Sample	36415	Collection of venous blood by venipuncture

An IDM kit is sent to the contracted lab.

Service	CPT	CPT Description
Infectious Disease Marker (IDM) Testing at CT	86592	Syphilis test – non-treponemal antibody; qualitative (e.g. VDRL, RPR, ART)
	86644	Cytomegalovirus (CMV)
	86703	HIV-1 and HIV-2 single result
	86704	Hep b core antibody (HBcAb), total
	86790	Virus, not elsewhere specified (HTLV I/II Antibody)
	86803	Hepatitis C Antibody
	86900	Blood typing; ABO
	86901	Blood typing; Rh (D)
	87340	Hepatitis B surface antigen (HBsAg)

CAR-T Coding & Billing

ASBMT led development of new ICD-10 PCS codes, effective October 1, 2017

XW033C3: New Technology, Introduction via *Peripheral Vein*; Engineered Autologous Chimeric Antigen Receptor T-Cell Immunotherapy

XW043C3: New Technology, Introduction via *Central* Vein*;* Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy

POLICY

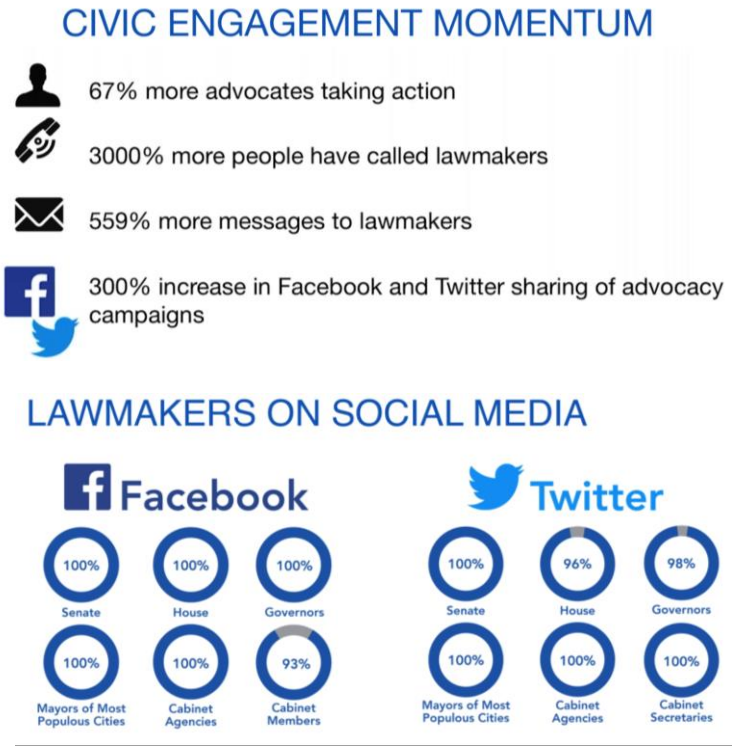
ADVOCACY & GRASSROOTS

What is Advocacy?

- Advocacy is any action that aims to influence decisions or supports/defends a cause.
- The term “advocacy” encompasses a broad range of activities used to influence public policies.
- Effective advocacy is one of the best ways to influence public policies and laws.

Why is Advocacy Important?

- Many legislative changes in healthcare impacting pharmaceuticals, doctors, hospitals and the patients we serve
- Members of Congress are overwhelmed – so many issues, so little time
- Offices rely on YOU for information on what's important



What Can **YOU** Do to Help Your Patients?

- Take Action!
- Stay Up To Date
- Meet with Congress in District
- Social Media
- Legislative Fly-ins
- Connect Us

We Couldn't Do It Without **YOU**!

OPPS CY 2017 Comment Letters to CMS

- **20 Health Professionals**
- **7 Transplant Centers**
- 29 Patients
- 347 Advocates

IPPS FY 2018 Comment Letters to CMS

- **68 Health Professionals**
- **141 Transplant Centers**
- 51 Patients
- 1,202 Advocates

Advocate Profiles

Navneet Majhail, MD

Cleveland Clinic

- IPPS & OPPS Comment Letters
- Appropriations Take Action
- Washington DC Hill Days
- Opinion Editorial (OpEd) signatory

Rocky Billups

Sarah Cannon

- IPPS & OPPS Comment Letters
- Medicare Reimbursement Washington DC Hill Day

Sam Sharf

NC Hospitals Chapel Hill

- IPPS & OPPS Comment Letters
- Medicare Reimbursement Washington DC Hill Day
- Opinion Editorial (OpEd) signatory

Congress Working With You

Rep. Gus Michael Bilirakis (R-FL-12)

Rep. Doris Okada Matsui (D-CA-06)

- Created in 2015
- Hosts Briefings for NMDP to Educate Members of Congress and their staff
- Dear Colleague Letters to ask other Members of Congress to join them in support or participation

CONGRESSIONAL CAUCUS to CURE BLOOD CANCERS AND OTHER BLOOD DISORDERS

Take Action

Stay up-to-date by joining the Advocacy Action Network.

BeTheMatch.org/Advocacy

Contact Us:
Legislation@nmdp.org


Be The VOICE

Protect Access to Care for Medicare Beneficiaries

Earlier this month, the Centers for Medicare & Medicaid Services (CMS) issued the Inpatient Prospective Payment System (IPPS) Final Rule. Unfortunately, CMS did not respond to the more than 1,000 comments requesting adequate payment to transplant centers who provide bone marrow, peripheral blood stem cell, and cord blood transplants (stem cell transplants) to Medicare patients. Leaving an inaccurate reimbursement rate in place threatens the ability of Medicare patients to receive the life-saving transplant they need.

Several Members of Congress are disappointed with the fact that CMS has not resolved this problem, and are planning to introduce legislation this fall. The legislation would require CMS to align reimbursement for acquiring cells for stem cell transplant with that of acquiring solid organs. We support these efforts to protect patient access.

You can help too! It is important that all Members of Congress understand the importance of fixing this problem and protecting access to transplant. Please contact your Members of Congress today. Urge them to support this soon-to-be introduced legislation to reform Medicare payment policy bone marrow, peripheral blood stem cell and cord blood transplants.

I support this effort and am ready to Act Now!

I am a Healthcare Professional ready to Act Now!

I am a Patient ready to Act Now!

I am a Donor/Registry Member ready to Act Now!

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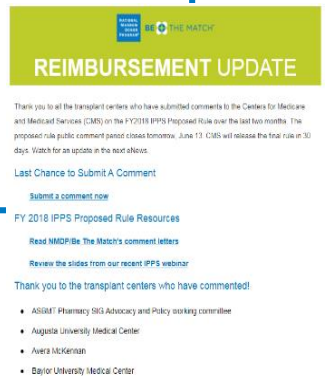
Contact Us:
payerpolicy@nmdp.org


REIMBURSEMENT UPDATE

Thank you to all the transplant centers who have submitted comments to the Centers for Medicare and Medicaid Services (CMS) on the FY2018 IPPS Proposed Rule over the last two months. The proposed rule public comment period closes tomorrow, June 13. CMS will release the final rule in 30 days. Watch for an update in the next eNews.

Last Chance to Submit A Comment

Submit a comment now

FY 2018 IPPS Proposed Rule Resources

Read NMDP/Be The Match's comment letters

Review the slides from our recent IPPS webinar

Thank you to the transplant centers who have commented!

- ASBMT Pharmacy SIG Advocacy and Policy working committee
- Augusta University Medical Center
- Avera McKennan
- Baylor University Medical Center

Questions?

THANK YOU!

Alicia Silver alicia.silver@nmdp.org
Kristen Bostrom kbostrom@nmdp.org

Evaluation Reminder

Please complete the Council Meeting 2017 evaluation in order to receive continuing education credits and to provide suggestions for future topics.

We appreciate your feedback!