Please Comment on the Medicare Inpatient Proposed Rule

The Centers for Medicare & Medicaid Services (CMS) published the Fiscal Year 2017 Hospital Inpatient Prospective Payment System (IPPS) Proposed Rule last week. Unfortunately, the Proposed Rule does not address current HCT payment methodology which is an important barrier to access for patients. Current Medicare payment rates do not cover the costs hospitals incur when they perform a transplant.

We, along with others in the HCT community, are asking CMS to change its current payment policy and pay hospitals the cost to obtain marrow or cord blood cells that are used in transplant. CMS already pays acquisition costs separately for solid organs, like kidneys, hearts and lungs. Unless this change in the payment policy is made, hospitals will continue to be paid at rates that are significantly below the cost they incur to provide the transplant and follow-up care.

Please submit a comment through our advocacy action tool. Comments are due June 27, 2016. It is very important that CMS hears from transplant programs that are affected by this issue. Contact alicia.silver@nmdp.org if you have questions.

New Advocacy Tool Makes Action Easier

We are pleased to announce that we have implemented a new tool to make it easy for our Network and other advocates to take action. When there is an important issue where your support is needed, we’ll send you a link to a page that will include all the relevant background on the issue and guidance on how to comment. You can insert your comment and upon submission it will be automatically sent to the appropriate party like CMS or a Member of Congress.

We encourage you to try it out by submitting a comment on the IPPS Proposed Rule mentioned above.

Upcoming Webinars

Reimbursement Support Center: Medicare Tips and Tools
Learn where to find and how to use our Medicare resources to optimize reimbursement with your Medicare patients.

- Thursday, May 25
- 1:00 2:00 p.m. CDT
- View details and register

ICD-10 Donor Codes Requested

When the new ICD-10 coding system was implemented, the codes identifying which donor type was used in the transplant were inadvertently missed. Currently there are no codes in ICD-10 to replace the old ICD-9 codes 00.91 (Transplant from a live related donor), 00.92 (Transplant from a live non-related donor), 00.93 (Transplant from a cadaver). We submitted a request for these codes to be added to the ICD-10 system and presented this request to the ICD-10 Coordination & Maintenance Committee in early March. View our request letter (PDF).
The ICD-10 Committee will review the formal requests and make a decision about implementation. If these codes are accepted by the Committee, which we expect they will be, the codes will become available for use in October 2016. We will communicate this information to our Network as soon as we know if the codes are accepted.

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If you have any questions or need additional information, please contact the Payer Policy Team at PayerPolicy@nmdp.org. All of our resources are available on our website: Network.BeTheMatchClinical.org/Reimbursement