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

Alicia Silver, MPP & Kristen Bostrom
November 11, 2017
Disclosures

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alicia Silver, MPP</td>
<td>NMDP/Be The Match</td>
</tr>
<tr>
<td>Kristen Bostrom</td>
<td>NMDP/Be The Match</td>
</tr>
<tr>
<td>Susan Leppke</td>
<td>NMDP/Be The Match</td>
</tr>
</tbody>
</table>
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
Medicare Coverage

- Leukemia
- Aplastic Anemia
- Severe Combined Immunodeficiency Disease (SCID)
- Wiskott-Aldrich Syndrome
- Myelodysplastic Syndromes (MDS)
- Sickle Cell Disease
- Myelofibrosis
- Multiple Myeloma
<table>
<thead>
<tr>
<th>Disease</th>
<th>Opened</th>
<th>NCT #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myelodysplastic Syndromes</td>
<td>2010</td>
<td>01166009</td>
</tr>
<tr>
<td>Sickle Cell Disease</td>
<td>2016</td>
<td>02766465</td>
</tr>
<tr>
<td>Myelofibrosis</td>
<td>2016</td>
<td>02934477</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>2016</td>
<td>03127761</td>
</tr>
</tbody>
</table>
MDS CED: Access to Transplant

1896 Allogeneic Transplants Facilitated Through MDS CED since 2010
Medicare Coverage: Lymphoma

Patients 65+ Who Received an Allo HCT for Lymphoma

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>20</td>
</tr>
<tr>
<td>2011</td>
<td>80</td>
</tr>
<tr>
<td>2012</td>
<td>120</td>
</tr>
<tr>
<td>2013</td>
<td>100</td>
</tr>
<tr>
<td>2014</td>
<td>90</td>
</tr>
<tr>
<td>2015</td>
<td>70</td>
</tr>
<tr>
<td>2016*</td>
<td>30</td>
</tr>
</tbody>
</table>

COUNCIL MEETING: Sharing Our Passion For Life
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)

- Yes: 16.1%
- Yes, but only if the individual signs an Advance Beneficiary Notice (ABN) and/or can pay privately: 17.9%
- No: 51.8%
- We do not have a clear internal policy on this issue: 14.3%
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

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Majhail et al.</td>
<td>• Total median <strong>cost $203,026</strong>&lt;br&gt;• Includes inpatient and outpatient costs</td>
</tr>
<tr>
<td>Milliman 2017</td>
<td>• Estimated billed charges <strong>$892,700</strong>&lt;br&gt;• 30 days pre-tx, cell procurement, inpatient, 180 days post-tx and drugs (immunosuppressant's, etc.)</td>
</tr>
<tr>
<td>NMDP Costs</td>
<td>• Average marrow/PBSC: <strong>$65,117</strong>&lt;br&gt;• Average cord blood: <strong>$48,436</strong></td>
</tr>
</tbody>
</table>
Medicare Allogeneic Transplant Trends

Medicare Patient Volume

Cell Source Mix

- Marrow/PBSC: 28%
- Related: 4%
- Cord Blood: 68%
Current Medicare Reimbursement

**Inpatient**
- MS-DRG 014
  - Allogeneic Transplant
  - $64,853
- MS-DRG 016
  - Autologous Transplant w CC/MCC
  - $35,907
- MS-DRG 017
  - Autologous Transplant w/o CC/MCC
  - $25,199

**Outpatient**
- C-APC 5244
  - Allogeneic Transplant
  - $26,049
- APC 5242
  - Autologous Transplant
  - $1,193
# Medicare Reimbursement Challenges

## Persistent Issues with Reporting Costs

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

*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

<table>
<thead>
<tr>
<th>Providers Reporting Donor Source Codes</th>
<th>MS-DRG 014 after 00.91/00.92 removed</th>
<th>Weight 12.8079</th>
<th>$76,847</th>
</tr>
</thead>
<tbody>
<tr>
<td>71%</td>
<td>New Related MS-DRG</td>
<td>Weight 10.4785</td>
<td>$62,871</td>
</tr>
<tr>
<td></td>
<td>New Unrelated MS-DRG</td>
<td>Weight 11.6003</td>
<td>$69,601</td>
</tr>
</tbody>
</table>
# Medicare Reimbursement

## MS-DRG Modeling for SAC

<table>
<thead>
<tr>
<th>Description</th>
<th>Weight</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove Revenue Code 0815 from MS-DRG 014</td>
<td>9.7107</td>
<td>$58,264</td>
</tr>
<tr>
<td>New Unrelated MS-DRG without Revenue Code 0815</td>
<td>9.6931</td>
<td>$58,158</td>
</tr>
<tr>
<td>New Related MS-DRG without Revenue Code 0815</td>
<td>9.7562</td>
<td>$58,537</td>
</tr>
</tbody>
</table>
## Medicare Reimbursement

### Best Case Scenario

### SAC Amount

<table>
<thead>
<tr>
<th>Cell Source</th>
<th>SAC Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related</td>
<td>$21,620</td>
</tr>
<tr>
<td>Marrow/PBSC</td>
<td>$48,436</td>
</tr>
<tr>
<td>Cord Blood</td>
<td>$65,117</td>
</tr>
</tbody>
</table>

### Total Reimbursement

<table>
<thead>
<tr>
<th>Cell Source</th>
<th>Total Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related</td>
<td>$79,884</td>
</tr>
<tr>
<td>Marrow/PBSC</td>
<td>$106,700</td>
</tr>
<tr>
<td>Cord Blood</td>
<td>$123,381</td>
</tr>
</tbody>
</table>
Key Takeaway:

Remember to include **both revenue code 0815 & donor source codes** on all allogeneic HCT claims!
CODING & BILLING
NEW ICD-10 PCS Crosswalk!

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>2016 ICD-10-PCS</th>
<th>2016-ICD-10-PCS Description</th>
<th>2017 ICD-10-PCS</th>
<th>2017 ICD-10-PCS Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transplant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41.54</td>
<td>302230G0</td>
<td>Peripheral vein, open, bone marrow, autologous</td>
<td>302230G2</td>
<td>Peripheral vein, open, bone marrow, allogeneic, related</td>
</tr>
<tr>
<td>41.54</td>
<td>302234G0</td>
<td>Peripheral vein, percutaneous, bone marrow, autologous</td>
<td>302234G2</td>
<td>Peripheral vein, open, bone marrow, allogeneic, related</td>
</tr>
<tr>
<td>41.54</td>
<td>302240G0</td>
<td>Central vein, open, bone marrow, autologous</td>
<td>302240G2</td>
<td>Peripheral vein, percutaneous, bone marrow, allogeneic, related</td>
</tr>
<tr>
<td>41.54</td>
<td>302244G0</td>
<td>Central vein, percutaneous, bone marrow, autologous</td>
<td>302244G2</td>
<td>Peripheral artery, open, bone marrow, allogeneic, related</td>
</tr>
<tr>
<td>41.60</td>
<td>310250C0</td>
<td>Peripheral artery, open, bone marrow, autologous</td>
<td>310250C2</td>
<td>Peripheral artery, percutaneous, bone marrow, autologous</td>
</tr>
<tr>
<td>41.60</td>
<td>310254C0</td>
<td>Peripheral artery, percutaneous, bone marrow, autologous</td>
<td>310254C2</td>
<td>Peripheral artery, open, bone marrow, autologous, unspecified</td>
</tr>
<tr>
<td>41.60</td>
<td>310258C0</td>
<td>Central artery, open, bone marrow, autologous</td>
<td>310258C2</td>
<td>Central artery, percutaneous, bone marrow, autologous</td>
</tr>
<tr>
<td>41.60</td>
<td>310260C0</td>
<td>Central artery, percutaneous, bone marrow, autologous</td>
<td>310260C2</td>
<td>No Change from 2016</td>
</tr>
</tbody>
</table>

No Change from 2016

AUG 2017
NEW Donation Process Coding & 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 phase 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 donors. 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.

<table>
<thead>
<tr>
<th>Service</th>
<th>CPT</th>
<th>CPT Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmatory Testing (CT)</td>
<td>36415</td>
<td>Collection of venous blood by veripuncture</td>
</tr>
<tr>
<td>Blood Sample</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An IDM kit is sent to the contracted lab.

<table>
<thead>
<tr>
<th>Service</th>
<th>CPT</th>
<th>CPT Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious Disease Marker (IDM) Testing at CT</td>
<td>86562</td>
<td>Syphilis test – non-venereal antibody; qualitative (e.g. VDRL, RPR, ART)</td>
</tr>
<tr>
<td>86644</td>
<td>Cytomegalovirus (CMV)</td>
<td></td>
</tr>
<tr>
<td>86703</td>
<td>HIV-1 and HIV-2 single result</td>
<td></td>
</tr>
<tr>
<td>86704</td>
<td>Hep b core antibody (HBsAb), total</td>
<td></td>
</tr>
<tr>
<td>86706</td>
<td>Virus, not elsewhere specified (HTLV III Antibody)</td>
<td></td>
</tr>
<tr>
<td>86803</td>
<td>Hepatitis C Antibody</td>
<td></td>
</tr>
<tr>
<td>86900</td>
<td>Blood typing; ABO</td>
<td></td>
</tr>
<tr>
<td>86901</td>
<td>Blood typing; Rh (D)</td>
<td></td>
</tr>
<tr>
<td>87340</td>
<td>Hepatitis B surface antigen (HBsAg)</td>
<td></td>
</tr>
</tbody>
</table>
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

Sam Sharf
NC Hospitals Chapel Hill
- IPPS & OPPS Comment Letters
- Medicare Reimbursement Washington DC Hill Day
- Opinion Editorial (OpEd) signatory

Rocky Billups
Sarah Cannon
- IPPS & OPPS Comment Letters
- Medicare Reimbursement Washington DC Hill Day
Congress Working With You

• 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
Take Action

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

BeTheMatch.org/Advocacy

Contact Us: Legislation@nmdp.org

Can’t get enough HCT policy information?

Subscribe to our monthly Reimbursement eNews

Contact Us: payerpolicy@nmdp.org
Questions?
THANK YOU!

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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!