

August 3, 2018

CMS Releases Fiscal Year 2019 Hospital Inpatient Prospective Payment System (IPPS) Final Rule

The Centers for Medicare & Medicaid Services (CMS) issued the Fiscal Year 2019 IPPS [Final Rule](#) on August 2, 2018. Transplant centers need to be aware of several important items detailed below.

FY19 IPPS Final Payment Rates

CMS did not address allogeneic hematopoietic cell transplant (HCT) payment policy in the Final Rule. NMDP continues to advocate the importance of separate payment for donor search and cell acquisition costs to protect patient access to transplant with CMS and the Congress. HR 4215 the Protect Access to Cellular Transplants (PACT) Act, a bipartisan bill, was introduced in the House last fall and currently has 24 co-sponsors.

The final payment rates along with their weights are shown below:

MS-DRG	Weight	Base Payment Rate
MS-DRG 014 Allogeneic Bone Marrow Transplant	11.9503	\$71,701
MS-DRG 016 Autologous Bone Marrow Transplant with CC/MCC or T-cell Immunotherapy	6.5394	\$39,236
MS-DRG 017 Autologous Bone Marrow Transplant without CC/MCC	4.3811	\$26,286

CAR-T Payment Policy Established

CMS finalized their proposal to rename MS-DRG 016 to “**Autologous Bone Marrow Transplant with CC/MCC or T-cell Immunotherapy**”, which will now include Chimeric Antigen Receptor T-cell (CAR-T) therapy.

ICD-10-PCS codes XW033C3 and XW043C3 will now map to pre-MDC MS-DRG 016. NMDP had recommended to CMS that a new MS-DRG specific to CAR-T be established to protect the data integrity of autologous transplants in MS-DRG 016. CMS explained in the Final Rule that it would be “premature to create a new MS-DRG specifically for CAR T-cell therapy” and they will “consider requests for alternative MS-DRG assignments and/or the creation of a new MS-DRG for CAR T-cell therapy after we review the public feedback on a potential model and as we gain further experience with CAR T-cell therapy and can better evaluate the commenters’ concerns.”

Both CAR-T New Technology Add On Payments (NTAP) for Kymriah® and Yescarta® were approved. Unfortunately, CMS will only pay \$186,500 per case for FY19, representing half of the CAR-T product cost in addition to MS-DRG 016.

In NMDP's FY19 IPPS [comment letter](#), we recommended that CMS create a cost-to-charge ratio (CCR) of 1.0 for the CAR-T product cost to ensure that transplant centers will be fully reimbursed for their costs. Lack of full reimbursement for the cost of CAR-T products will be a critical barrier to patient access to care and put transplant centers at serious financial risk given the high cost of these new cellular therapies.

Allogeneic HCT Coverage

In the Final Rule, CMS addressed a non-covered edit for allogeneic HCT for multiple myeloma. CMS confirmed that multiple myeloma is a covered indication for allogeneic HCT under the current National Coverage Determination (NCD) – Coverage with Evidence Development (CED).

CMS will update the ICD-10 Medicare Code Editor software to include ICD-10 codes C90.00 (Multiple myeloma not having achieved remission) and C90.01 (Multiple myeloma in remission).

The final rule will be published in the August 17 Federal Register and its provisions will take effect on October 1, 2018.