



Advancing Transfusion and
Cellular Therapies Worldwide

September 2, 2016

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1656-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

**Re: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center
Payment Systems; Proposed Rule (CMS-1656-P)**

Dear Acting Administrator Slavitt:

AABB is pleased to submit these comments to the Centers for Medicare & Medicaid Services (CMS) in response to the proposed rule related to the hospital outpatient prospective payment system that was published in the *Federal Register* on July 14, 2016. The following comments focus on CMS' proposed payment rates for CY 2017. AABB has submitted separate comments responding to CMS' solicitation for stakeholder feedback regarding the HCPCS codes for blood products.

AABB is an international, not-for-profit association representing institutions and individuals involved in transfusion medicine, cellular therapies and patient blood management. The association is committed to improving health by developing and delivering standards, accreditation and educational programs that focus on optimizing patient and donor care and safety. AABB membership consists of nearly 1,500 institutions and 7,500 individuals, including physicians, nurses, scientists, researchers, administrators, medical technologists and other health care providers.

Payment for Blood Products

AABB appreciates that CMS will continue to provide separate payments for blood products in the outpatient setting. These distinct payments recognize the important role blood and individual blood products play in caring for a wide range of patients. They also are needed to account for the increasing cost of blood products associated with critical blood safety measures provided by non-profit blood centers. **We urge CMS to maintain its policy of providing separate APC payments for blood products in 2016 and future years.**

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For well over a decade, AABB and others in the transfusion medicine community have consistently commented to CMS that APC payment rates for blood products lag behind their actual costs and fail to account for safety advances in a timely manner. These payments typically are below the amounts hospitals pay blood centers for individual products and furthermore do not provide for additional hospital overhead costs. Therefore, AABB asks that CMS consider potential alternative methodologies for setting APC payment rates for blood products, seeking input from affected stakeholders. AABB would welcome the opportunity to work with CMS and other interested parties to determine the most appropriate payment methodology to allow for timely implementation of blood safety measures and availability of patient-appropriate blood products.

AABB commends CMS for proposing to increase payment rates for most blood products for FY 2017. However, AABB questions the proposed 64 percent reduction in reimbursement for HCPCS code P9010 (Whole blood for transfusion), and urges CMS to reevaluate the methodology used to justify the significant decrease in payment rate.

Transfusion, Apheresis and Stem Cell Procedures

AABB is concerned with CMS' proposal to substantially reduce payment rates for several transfusion, apheresis and stem cell procedures, including HCPCS codes 36513 (Apheresis platelets), 38210 (T-cell depletion of harvest), 38211 (Tumor cell deplete of harvest), 38212 (Rbc depletion of harvest), 38213 (Platelet deplete of harvest), 38214 (Volume deplete of harvest), 38215 (Harvest stem cell concentrate), 38230 (Bone marrow harvest allogenic) and 38241 (Transplnt autol hct/donor). The reduction for the procedure covered by code 38230 is especially confusing since the procedure is clinically similar to the procedure covered by code 38232 (Bone marrow harvest autolog), and in CY 2016 the two procedures had the same, higher payment rate.

AABB believes CMS may have used incomplete and flawed data to justify the proposed 65 and 64 percent reductions in payment rates since the services are low volume, heterogeneous and are mostly used for bundled procedures. In addition, these codes are often used in multiple claims, and are therefore subject to discounts from rate setting. AABB urges CMS to reconsider the methodology used as well as the proposed payment rates for these procedures as well as other codes used for transfusion, apheresis and stem cell procedures since the proposed reimbursement rates are inadequate and will not cover providers' costs.

Transfusion Laboratory Services

AABB requests that CMS reconsider the method used to calculate the general reduction in payment rates for the majority of transfusion laboratory services. Nonetheless, AABB appreciates CMS' proposal to increase the payment rates for transfusion laboratory services assigned to HCPCS codes 86902 (Blood type antigen donor ea), 86905 (Blood typing rbc antigens), 86930 (Frozen blood prep), and 86971 (Rbc pretx incubatj w/enzymes).

Comprehensive Ambulatory Payment Classification for Hematopoietic Stem Cell Transplants

AABB commends CMS for proposing modifications aimed at improving reimbursement for hematopoietic stem cell transplants (HCT). We believe that establishing a rate that recognizes the cost of cell acquisition will help ensure that patients have access to life-saving bone marrow and cord blood transplants.

AABB supports the creation of a new Comprehensive Ambulatory Payment Classification (C-APC) 5244 (Level 4 Blood Product Exchange and Related Services). However, we are concerned that the proposed payment rate of \$15,267 for CY 2017 is artificially low because it was determined using a low volume of total claims, including claims that are incomplete and should be excluded. Consistent with CMS Billing Guidance, we believe that CMS should exclude from the calculation claims with CPT code 38240 but without revenue code 0819 charges, because the donor search and cell acquisition costs are missing. Rather, we encourage CMS to calculate the payment rate using only correctly coded CPT 38240 claims with revenue code 0819 charges.

In addition, we urge CMS to clarify its proposal to create a new cost center line, 112.50, to record acquisition costs related to HCT. We commend CMS for recognizing that it should collect acquisition costs separate from other transplant related costs. However, selecting line 112.50 has implications for the inpatient setting. We ask CMS to confirm that changes reported to cost center line 112.50 will be calculated during the rate-setting process.

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AABB appreciates the opportunity to comment on this proposed rule. If you have any questions or need addition information, please contact Leah Stone, Director, Public Policy and Advocacy at 301-215-6554 or lmstone@aabb.org.

Sincerely,

Miriam A. Markowitz
Chief Executive Officer