Review Of New CPT Codes Affecting Cell Processing Services

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Effective January 1, 2008, CMS recognizes Cell Processing CPT codes-
CPT 38207 to 38215
No need to bill medicare and medicaid differently than private payers.
Abbreviations

• CPT = Current Procedural Terminology

• RVU = Relative Value Units

• HCPCS = Healthcare Common Procedure Coding System
Coalition To Address Coding Deficiencies

- American Society of Hematology
- American Association of Blood Banks
- International Society of Cellular Therapy
- American Society for Blood and Marrow Transplantation
- The National Marrow Donor Program
- American Red Cross
- Exempt Cancer Centers Committee
New Billing Regulations

One price per CPT code per patient bill
HIPPA Requirements

• CPT editorial committee has been trying to enhance “granularity” of CPT

• Most patient bills need either HCPCS Level I with CPT codes

     OR

• HCPCS Level II codes attached to services for electronic billing of services
Cell Processing
Rationale

• Allow granularity for cell processing so that we do not utilize the old 86915 for red blood cell depletion
• Codes moved to join other BMT related codes in CPT manual
• Removed reference to 88240 and 88241 which were designed for laboratory diagnostic procedures not therapeutic transplant services
Cell Processing
Generic Facility Pricing Issues

• These are per day codes
• Pricing should include:
  – Technician time, supplies, machine use, machine
depreciation, space costs, malpractice risk, quality
assurance testing of an individual product, overhead

• Pricing may include amortization of GMP
laboratory construction cost but must be amortized
over 10 years

• RVU-RBRVS Committee established temporary
RVU’s for all of these codes-rvu’s not recognized
by CMS
Cell Processing CPT Codes

- 38207 Cryopreservation
- 38208 Thawing without Wash
- 38209 Thawing with Wash
- 38210 T-cell Depletion
- 38211 Tumor cell Depletion
- 38212 RBC Depletion
- 38213 Platelet Depletion
- 38214 Plasma Reduction
- 38215 Mononuclear Cell Concentration
Cell Processing

38207 Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
Cell Processing – 38207

Facility Related Expenses

• For cryopreservation and storage of bone marrow or peripheral blood progenitor cells.
• Facility fees include tech time, laboratory supplies, machinery, machinery depreciation, and space costs.
• If mononuclear cell processing was done prior to cryopreservation, it should be billed separately.
• Cryopreservation charge should include all quality assurance testing;
• this code will includes billing for all flow cytometry tests used for quality assurance testing.
Cell Processing

38208 Transplant preparation of hematopoietic progenitor cells; thawing of a previously cryopreserved progenitor cell harvest without wash
Cell Processing – 38208
Rationale and Facility Related Expenses

• For thawing of harvest on the day of infusion
• Includes all equipment, equipment depreciation, space costs, and technician time used in thawing process
• Post thaw viability testing
Cell Processing

38209  Transplant preparation of hematopoietic progenitor cells; thawing and washing of a previously cryopreserved progenitor cell harvest
Cell Processing – 38209
Rationale and Facility Fees

• For 2003, this is only for thawing cells and washing to remove DMSO
• Facility fee should include technician time, machinery, supplies and machinery depreciation
• Post-thawing/wash viability testing
Cell Processing

38210 T-Cell Depletion
Cell Processing – 38210
Rationale and Facility Related Expenses

• Facility fees include machinery, machinery depreciation, technician time, supplies, space costs, and quality assurance testing
• If cryopreservation is needed, it may be billed separately
• If mononuclear cell separation not usually done prior, then may be billed separately
• Tests to evaluate efficacy of T-cell depletion
• Tests to evaluate viability after T-cell depletion
• Flow cytometry testing, pre and post
Cell Processing

38211 Tumor cell depletion
Cell Processing – 38211
Rationale and Facility Related Expenses

- For autologous transplantation
- Facility fees include machinery, machinery depreciation, technician time, supplies, space costs and quality assurance testing
- Testing to document efficacy of tumor purging
- Testing to document post-tumor purging cell viability
- Cryopreservation is always done and therefore should not be billed separately
- If mononuclear cell separation is always done, it should be included in pricing; if not, do not include in pricing
- Flow cytometry assessment must be included in pricing and cannot be billed separately
Cell Processing
38212 Red blood cell removal
Cell Processing – 38212

Rationale and Facility Related Expenses

- For a fresh allogeneic harvest; removal of RBC’s in preparation for transplant
- Facility fees include tech time, supplies, machinery and red cell depletion for a major ABO incompatible bone marrow harvest
- Testing of efficacy of RBC removal
- Testing of viability of progenitor cells after RBC removal
- Include price for flow cytometry testing for quality assurance
Cell Processing
38213 Platelet depletion
Cell Processing – 38213

Rationale

• For peripheral blood progenitor cell harvest with a platelet soft spin

• Preparation of platelets for a platelet addback
Cell Processing

38214 Plasma/volume depletion
Cell Processing – 38214
Rationale and Facility Related Expenses

• For a fresh bone marrow harvest and for plasma removal
• Facility fees include technician time, supplies, and machinery
• For viability testing after plasma removal
• Include flow cytometry testing for quality assurance of product
Cell Processing

38215  Cell concentration of plasma, mononuclear, or buffy coat layer
Cell Processing – 38215

Rationale

• For mononuclear cell preparation for major/minor ABO incompatibility on a fresh bone marrow harvest or for further cell processing procedures

• For occasional mononuclear cell separation for further manipulation, if this is not routinely done for additional procedures then mononuclear cell preparation may be billed separately
CMS Issues

- CMS finally approved these services for payment
- Payment will not be fair and adequate for next 2 years until CMS gets claim data.
- Temporarily assigned to APC with compensation of about $200
- Interestingly with data gathered over next 2 years, CMS’s final payment will assume a proportional relationship between charges submitted and costs for performing services
- Need to have hospital billing services adequately charge for these services, but don’t expect immediately to get adequate re-imbursement
CMS Issues

- CMS recognition ensures all private payers will recognize these services
- Some will be bundled into case rates
- Use of these codes will help services be clearly defined in case rates
- It is unknown yet how to bill offsite cell processing facilities such as when a local blood center does cell processing services for a hospital
Future Concerns

- No one is totally satisfied with the results
- Billing these new codes will require more time and effort
- Billing these codes is important in case rate payments because underlying charges determine how case rate is allocated.
- Cost shifting being discouraged so we can’t overcharge for pharmacy services to compensate for cell processing
Future Concerns

- Professional Fees for supervision were not part of CMS approval. Our priority was facility fee reimbursement.
- Pro fee has been controversial and needs further consideration, but can be billed to private payers.
- Need to ensure payment for all sites, not just hospital based site.
- Should new codes reflect goals or processes or specific devices.
- Should quality assurance testing be part of code and valued within the code or valued separately.
- Should new codes be with clinical sections for other therapeutic services or with lab/pathology services.
- CMS recognition of these services important building block for recognition of patient specific cellular therapy services in the future.
Success here took 6 years

- Cell Therapeutics Community Cannot Rely Solely on Large National Organizations
- Coalitions Important for Policy Efforts
- Policy Efforts Will Be as Important as Hard Science
- Need to Take Momentum from this Success and Create Ongoing Forums To Affect Governmental Policy
- Need for coalitions cannot be excuse for inactivity
- Funding for such efforts???
Disclaimer: Please note that the foregoing opinions expressed are those of the presenter, and as such are intended as guidance only. As always, final interpretation of the requirements of any code, including the acceptability of billing and documentation practices rests in the domain of the authorities of the Centers for Medicare and Medicaid Services.
The Cell Therapy Community owes a great debt to hard work of staff with ASH, ASBMT, AABB, ISCT, NMDP, ASCO and ACP and in particular to Samuel Silver M.D., Ph.D. for these efforts to address the CPT deficiencies for Cell Therapy
Patient cannot have adequate access to healthcare unless health care facilities are adequately paid to carry out the mission of patient care. To have adequate coverage for to ensure such needed patient access to academic and tertiary care medical centers, academics must be involved in the political process with Congress and administrative agencies such as CMS and FDA.