



Advancing Transfusion and
Cellular Therapies Worldwide



American
Red Cross

September 17, 2021

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1753-P
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted Electronically Via regulations.gov

RE: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model; Request for Information on Rural Emergency Hospitals; (CMS-1753-P)

Dear Ms. Brooks-LaSure:

AABB, America's Blood Centers and the American Red Cross appreciate the opportunity to submit comments in response to Centers for Medicare & Medicaid Services' (CMS) Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems proposed rule for calendar year 2022. Collectively, our organizations represent the nation's blood collection establishments, transfusion services, and transfusion medicine professionals. Our comments focus on the Healthcare Common Procedure Coding System (HCPCS) codes P9099 (Blood component or product not otherwise classified) and P9100 (Pathogen(s) test for platelets).

Our organizations appreciate that CMS established HCPCS code P9099 to enable providers to report unclassified blood products. However, we are still concerned that CMS set a payment rate for P9099 at the rate of the lowest cost blood product (P9043 (Infusion, plasma protein fraction (human), 5 percent, 50 ml). This de minimis payment rate could have the unintended effect of discouraging the adoption and implementation of new items and services, which would be contrary to the intent of establishing a miscellaneous code.

At the August 23rd CMS Advisory Panel on Hospital Outpatient Payment (HOP Panel) meeting, the HOP Panel recommended that CMS authorize the Medicare administrative contractors to compensate hospitals on the basis of reasonable cost for new blood products billed with HCPCS code P9099. We urge CMS to adopt the recommendation of the HOP Panel and assign HCPCS code P9099 the "F" status indicator.

AABB, America's Blood Centers and the American Red Cross encourage CMS to ensure that regardless of the status indicator assigned to P9099, the code continues to be identified and processed as a blood product HCPCS P-code in all of its systems. For instance, a longstanding edit in the Outpatient Coding Editor (OCE) specifies that an OPSS claim for a transfusion CPT code must also include a blood product HCPCS P-code in order to be paid. P9099 should continue to be identified as a blood product HCPCS P-code in the OCE so it can be processed for transfusion procedures.

Additionally, we encourage CMS to reassign HCPCS code P9100 from APC 5732 to APC 5733 in 2022. HCPCS code P9100 is used to report large volume delayed sampling (LVDS) of leukocyte-reduced apheresis platelets and leukocyte-reduced whole blood platelets. CMS proposes to utilize 2019 claims data to determine the APC assignments for 2022. However, LVDS was not available in the U.S. in 2019, and therefore, HCPCS code P9100 and the associated APC payment rate only captured one rapid bacterial test. We are concerned that using 2019 claims data to determine the APC assignment for HCPCS code P9100 in 2022 would result in a payment rate that does not adequately reflect the additional cost of LVDS testing.

Finally, we continue to urge CMS to work with manufacturers and the blood community to educate providers on how to bill for blood components, including new blood products that are billed using P9099, and to expeditiously establish new billing codes and provide separate payments for these blood products and services in the hospital outpatient setting.

Thank you for the opportunity to provide comments on the proposed rule. If you have any questions or need additional information, please contact Susan N. Leppke (301.547.3962, sleppke@aabb.org), Diane Calmus (202-654-2988, dcalmus@americasblood.org) or Liz Marcus (202-303-7980, liz.marcus@redcross.org).

Sincerely,



Debra BenAvram
Chief Executive Officer
AABB



Kate Fry
Chief Executive Officer
America's Blood Centers



J. Chris Hrouda
President, Biomedical Services
American Red Cross