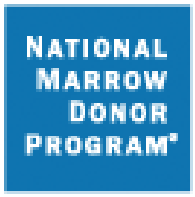

June 18, 2012

Chris Ritter, Ph.D.
Director, Division of Outpatient Care
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Ritter:

Thank you for the opportunity to meet with you and your colleagues on the issue of payment for physician services relating to bone marrow/stem cell transplant procedures.

To recap, we are asking for CMS recognition of the physician work involved in (1) managing a search for an unrelated donor which is represented by CPT Code 38204, and (2) assuring the viability of the hematopoietic cells for transplant following the cell processing steps described by Codes 38207-38215.

Donor Search

The donor search code, CPT Code 38204, was assigned a physician work value by the RUC. However, CMS assigned the code a "B" status indicating that the service is "bundled" into some other physician service. However, the donor search is usually managed by a physician who neither manages the patient's underlying condition nor performs the harvesting or the actual infusion of the cells. Thus, there is no other service to which the donor search management is appropriately be assigned. We therefore request that CMS remove the "B" status indicator and recognize the service. As noted at our meeting, this code will be billed only once per transplant regardless of how much time was spent on the search and the service will not be billed when a transplant is not performed because the search was unsuccessful or other reasons.

Cell Processing

The cell processing codes 38207-38215 were assigned interim physician work values by the RUC. However, the codes were given an "I" status under the physician fee schedule, meaning that they are not considered valid for Medicare purposes. Apparently, the reason for this relates to questions about the nature and extent of the physician's activities. However, with all due respect, we think CMS did not fully appreciate the fact that many processing steps require physician review to assure safety, purity and potency of the cellular therapy product. This requires the exercise of medical judgment and includes such activities as determining that there are an adequate number of viable stem cells, assuring that T-cells or tumor cells were successfully depleted, etc. These tasks cannot be delegated to laboratory personnel.

We, therefore, ask CMS to reconsider its decision and recognize these codes under the physician fee schedule using the RUC interim values. If there is any information that would assist CMS in reaching this decision, we will be glad to try to provide it. For example, would copies of documentation for a sample of cases be helpful? Would a survey of ASBMT physicians in which they describe their role in cell processing assist CMS in reaching a decision?

Next Steps

The issues surrounding the donor search and cell processing codes have languished for almost 10 years. We hope you agree that our meeting was an important first step in helping to move them along. As indicated in this letter, if there are any data or other information that would help CMS in making a decision to recognize these codes, please let us know. We recognize that the RUC data is now about 10 years old and that more current survey data, particularly for the cell processing codes, may be needed. We would hope that you would agree that the extant RUC recommended values could be used on an interim basis until any new surveys are conducted. As we think you can appreciate, these surveys are extremely costly for a small Society such as ASBMT and we are frankly reluctant to commit to another round of RUC Surveys without some understanding that the results will be utilized by CMS in the future.

Thank you again and we anxiously await your response.

Sincerely,

James Gajewski, MD
Chair,
ASBMT Committee on Reimbursement

Michael Boo
Chief Strategy Officer
National Marrow Donor Program

Samuel Silver
Chair, Subcommittee on Reimbursement
American Society of Hematology

Theresa L. Wiegmann, JD
Director of Public Policy
AABB