

Centers for Medicare & Medicaid Services Finalizes Medicare Hospital Outpatient Payment Policies for 2018

On November 13, 2017, the Centers for Medicare & Medicaid Services (CMS) published in the *Federal Register* the [final rule](#) updating Medicare payment rates and policies under the hospital outpatient prospective payment system (OPPS) for calendar year 2018. In general, CMS' final rule increases payment rates under the OPPS by 1.35 percent. The payment rates for blood and blood products will experience a net reduction of 1 percent, which reflects decreases in payment for certain products as well as increases in payment for other products. In contrast, the payment rates for transfusion, apheresis, and stem cell procedures will experience a net increase of 7 percent and the payment rates for transfusion laboratory services will experience a net increase of 22 percent.

Payment Rates and Coding Changes for Blood and Blood Products

CMS finalized its proposal to continue establishing separate payment rates for blood and blood products using a blood-specific cost-to-charge (CCR) methodology. Similarly, CMS finalized its proposal to continue to apply the blood-specific CCR methodology when calculating the costs of the blood and blood products that appear on claims with services assigned to comprehensive APCs (C-APCs). Since the costs of blood and blood products are reflected in the overall costs of the C-APCs, CMS finalized its proposal not to make separate payments for blood and blood products when they appear on the same claims as services assigned to the C-APCs.

Overall, CMS finalized payment rates for 2018 for blood and blood products that are 1 percent lower than the payment rates finalized for 2017. CMS finalized payment reductions of over 20 percent for four blood products, including: P9011 (blood split units), P9043 (Plasma protein fract,5%,50ml), P9048 (Plasmaprotein fract,5%,250ml) and P9060 (Fr frz plasma donor retested). In contrast, CMS finalized payment increases of over 20 percent for three blood products, including P9044 (Cryoprecipitatereducedplasma), P9056 (Blood, l/r, irradiated) and P9057 (Rbc, frz/deg/wsh, l/r, irradiated).

The net decrease reflects the elimination of P9072, which was replaced effective July 1, 2017 with two temporary codes – Q9988 (platelets, pheresis, pathogen-reduced, each unit) and Q9987 (pathogen(s) test for platelets). CMS' final rule replaces these temporary codes with permanent codes — P9073 (platelets, pheresis, pathogen-reduced, each unit) and P9100 (pathogen(s) test for platelets). P9100 is discussed below, under “Payment Rates and Coding Changes for Transfusion Laboratory Services.” However, the change in payment rates for blood and blood products reflects the addition of P9073, which will be cross-walked to P9037 (leukoreduced, irradiated apheresis platelets) for 2018 and assigned a payment rate of \$624.61.

CMS responded to commenters' concerns about insufficient proposed payment rates for several HCPCS codes for blood and blood products by indicating that the Agency “used claims data from CY 2016 and the same blood-specific [CCR] methodology...used in previous

years to calculate these proposed payment rates and believe[s] the changes in costs for the services... are a result of normal variations in the claims data.”

In addition, CMS responded to commenters’ requests that the Agency “immediately include the cost of newly implemented FDA blood safety measures for blood and blood products prior to receiving claims data that would contain the costs for the new safety measures,” by noting the following:

The OPSS covers hospital payments for the costs of blood and blood products, as well as for the costs of collecting, processing, and storing blood and blood products. The cost of blood and blood products is determined using claims data and blood-specific CCRs from hospitals. To the extent that compliance with blood safety measures is included in hospital reporting of the cost of collecting, processing and storing blood and blood products, these costs would be reflected in the hospital rates. It is not possible to estimate the potential costs of new safety measures outside of claims data.

CMS specifically noted that “the safety of the nation’s blood supply continues to be among the highest priorities,” and committed to working with stakeholders to ensure that future updates to the HCPCS P-codes are aligned with maintaining the safety of the blood supply.

Please see Table 1 for a summary of the final payment rates for 2018 for blood and blood products.

Payment Rates and Coding Changes for Transfusion, Apheresis, and Stem Cell Procedures

Overall, CMS’ final payment rates for CY 2018 for transfusion, apheresis, and stem cell procedures are 7 percent higher than the payment rates finalized for 2017. This reflects CMS’ decision to discontinue and stop paying for 36515 (Apheresis absorp/reinfus) as well as the addition of a new code – 38222 (Dx bone marrow bx & aspir). The net increase includes a 10 percent increase in payment for code 38240 (transplt allo hct/donor) as well as increases of between 6 and 17 percent for the other codes.

CMS did not finalize its proposal to change to the status indicator assigned to HCPCS code 38205, which applies to harvesting cells from a donor for intended use in a patient, from “B” to “S.” The status indicator “S” indicates that the procedure is paid under the OPSS and receives separate payment, whereas “B” indicates that a code is not recognized by OPSS when submitted on an outpatient hospital Part B bill (type 12x and 13x). CMS agreed with commenters that this change could have resulted in erroneous billing or misinterpretations by providers since all donor acquisition costs, including the costs for HCPCS code 38205, are required to be reported on the same date of service as the transplant procedure (38240) to be appropriately packaged for payment purposes. Similarly, CMS did not finalize its proposal to assign HCPCS code 38205 to APC 5242.

Please see Table 2 for a summary of the final payment rates for 2018 for transfusion, apheresis and stem cell procedures.

Payment Rates and Coding Changes for Transfusion Laboratory Services

With a few exceptions, the final 2018 payment rates for transfusion laboratory services codes are between 12 and 24 percent higher than the rates finalized for 2017. The payment rate for 86976 (Rbc serum pretx id dilution) was reduced by 38 percent, which is likely a result of CMS changing the APC code from 5732 to 5731.

The payment rates for 2018 for transfusion laboratory services reflect the addition of a new permanent code – P9100 – which CMS finalized to replace Q9987 (pathogen(s) test for platelets). P9100 is a separately payable testing code, which will be reimbursed at a rate of \$25.50.

Please see Table 3 for a summary of the proposed payment rates for transfusion laboratory services.

Laboratory Date of Service Policy

CMS finalized a new policy applicable to billing for certain advanced diagnostic laboratory tests (ADLTs) and molecular pathology tests. Specifically, CMS added a new exception to the current laboratory date of service regulations, which generally permits laboratories to bill Medicare directly for ADLTs and molecular pathology tests excluded from OPDS packaging if the specimen was collected from a hospital outpatient during a hospital outpatient encounter and the test was performed following the patient's discharge from the hospital outpatient department.

Table 1. Blood and Blood Products¹

HCPCS Code	Short Descriptor	2018 SI	2017 APC	2018 APC	Final 2017 Payment	Proposed 2018 Payment	Final 2018 Payment	\$ Change 2017-2018**	% Change 2017-2018**
P9010	Whole blood for transfusion	R	9510	9510	\$155.44	\$119.39	\$156.91	\$1.47	1%
P9011	Blood split unit	R	9520	9520	\$131.93	\$97.99	\$102.67	-\$29.26	-22%
P9012	Cryoprecipitate each unit	R	9511	9511	\$53.00	\$38.29	\$44.00	-\$9.00	-17%
P9016	Rbc leukocytes reduced	R	9512	9512	\$185.75	\$184.23	\$183.76	-\$1.99	-1%
P9017	Plasma 1 donor frz w/in 8 hr	R	9508	9508	\$73.70	\$71.96	\$72.41	-\$1.29	-2%
P9019	Platelets, each unit	R	9515	9515	\$96.45	\$113.58	\$114.94	\$18.49	19%
P9020	Platelet rich plasma unit	R	9516	9516	\$131.63	\$120.52	\$123.50	-\$8.13	-6%
P9021	Red blood cells unit	R	9517	9517	\$142.30	\$143.27	\$142.78	\$0.48	0.3%
P9022	Washed red blood cells unit	R	9518	9518	\$344.22	\$367.98	\$384.25	\$40.03	12%
P9023	Frozen plasma, pooled, sd	R	9509	9509	\$66.80	\$60.81	\$60.57	-\$6.23	-9%
P9031	Platelets leukocytes reduced	R	9526	9526	\$125.68	\$119.16	\$116.70	-\$8.98	-7%
P9032	Platelets, irradiated	R	9500	9500	\$167.34	\$168.46	\$179.13	\$11.79	7%
P9033	Platelets leukoreduced irradiated	R	9521	9521	\$162.02	\$166.17	\$167.64	\$5.62	3%
P9034	Platelets, pheresis	R	9507	9507	\$411.92	\$435.88	\$421.17	\$9.25	2%
P9035	Platelet pheresis leukoreduced	R	9501	9501	\$499.74	\$481.24	\$476.96	-\$22.78	-5%
P9036	Platelet pheresis irradiated	R	9502	9502	\$556.35	\$541.23	\$554.42	-\$1.93	-0.3%
P9037	Platelet pheresis leukoreduced irradiated	R	9530	9530	\$647.12	\$627.56	\$624.61	-\$22.51	-3%
P9038	Rbc irradiated	R	9505	9505	\$218.85	\$215.12	\$213.77	-\$5.08	-2%
P9039	Rbc deglycerolized	R	9504	9504	\$383.42	\$412.61	\$420.80	\$37.38	10%
P9040	Rbc leukoreduced irradiated	R	9522	9522	\$266.17	\$259.89	\$260.18	-\$5.99	-2%
P9043	Plasma protein fraction, 5%, 50ml	R	9514	9514	\$19.76	\$15.10	\$15.39	-\$4.37	-22%
P9044	Cryoprecipitate reduced plasma	R	9523	9523	\$63.26	\$101.65	\$105.53	\$42.27	67%
P9048	Plasma protein fraction, 5%, 250ml	R	9519	9519	\$92.63	\$47.37	\$46.90	-\$45.73	-49%
P9050	Granulocytes, pheresis unit	E2			\$0.00	\$0.00	\$0.00		
P9051	Blood, l/r, cmv-neg	R	9524	9524	\$206.39	\$189.65	\$192.66	-\$13.73	-7%
P9052	Platelets, hla-m, l/r, unit	R	9525	9525	\$737.83	\$751.05	\$769.26	\$31.43	4%
P9053	Platelet, pheresis, l/r cmv-neg, irradiated	R	9531	9531	\$618.63	\$589.67	\$539.80	-\$78.83	-13%
P9054	Blood, l/r, frozen/deglycerolized/washed	R	9527	9527	\$275.46	\$246.02	\$283.48	\$8.02	3%
P9055	Platelet, apheresis, l/r, cmv-neg	R	9528	9528	\$421.82	\$328.98	\$339.93	-\$81.89	-19%
P9056	Blood, l/r, irradiated	R	9529	9529	\$124.32	\$144.66	\$155.24	\$30.92	25%

¹ Payment rates are updated by CMS on a quarterly basis. These payment rates reflect the 2017 final rule, 2018 proposed rule and 2018 final rule.

** Dollar and percent change reflects the 2017 final payment to 2018 final payment. Percent change calculation is rounded to the nearest whole number unless rounded value is < 1

Table 1. Blood and Blood Products¹

HCPCS Code	Short Descriptor	2018 SI	2017 APC	2018 APC	Final 2017 Payment	Proposed 2018 Payment	Final 2018 Payment	\$ Change 2017-2018**	% Change 2017-2018**
P9057	Rbc, frz/deg/wsh, l/r, irradi	R	9532	9532	\$207.37	\$277.60	\$281.73	\$74.36	36%
P9058	Rbc, l/r, cmv-neg, irradi	R	9533	9533	\$249.99	\$251.17	\$238.03	-\$11.96	-5%
P9059	Plasma, frz between 8-24hour	R	9513	9513	\$73.97	\$75.50	\$74.23	\$0.26	0.4%
P9060	Fr frz plasma donor retested	R	9503	9503	\$67.16	\$56.51	\$48.35	-\$18.81	-28%
P9070	Pathogen reduced plasma pool	R	9534	9534	\$73.97	\$59.32	\$74.23	\$0.26	0.4%
P9071	Pathogen reduced plasma sing	R	9535	9535	\$73.70	\$121.44	\$72.41	-\$1.29	-2%
P9072 ²	Plate path red/rapid bac tes	R	9536		\$647.12	-	-	n/a	n/a
P9073	Platelets, pathogen reduced	R	n/a	9536	n/a	\$627.56	\$624.61	n/a	n/a

² HCPCS code P9072 was discontinued, and replaced by two separate codes: P9073 (platelets, pheresis, pathogen-reduced, each unit) and P9100 (pathogen(s) test for platelets). P9073 is a blood product and is therefore included on Table 1. P9100 is a separately payable laboratory test and can be found on Table 3.

Table 2. Transfusion, Apheresis, and Stem Cell Procedures³

HCPCS Code	Short Descriptor	2018 SI	2017 APC	2018 APC	Final 2017 Payment	Proposed 2018 Payment	Final 2018 Payment	\$ Change 2017-2018**	% Change 2017-2018**
36430	Blood transfusion service	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
36440	Bl push transfuse 2 yr/<	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
36450	Bl exchange/transfuse nb	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
36455	Bl exchange/transfuse non-nb	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
36456	Prtl exchange transfuse nb	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
36460	Transfusion service fetal	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
36511	Apheresis wbc	S	5242	5242	\$1,098.22	\$1,193.40	\$1,221.66	\$123.44	11%
36512	Apheresis rbc	S	5242	5242	\$1,098.22	\$1,193.40	\$1,221.66	\$123.44	11%
36513	Apheresis platelets	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
36514	Apheresis plasma	S	5242	5242	\$1,098.22	\$1,193.40	\$1,221.66	\$123.44	11%
36515	Apheresis adsorp/reinfuse	D	5243		\$3,186.48	\$0	\$0	- \$3,186.48	-100%
36516	Apheresis immunoads slctv ⁴	S	5243	5243	\$3,186.48	\$3,135.99	\$3,699.85	\$513.37	16%
36522	Photopheresis	S	5243	5243	\$3,186.48	\$3,135.99	\$3,699.85	\$513.37	16%
38205	Harvest allogeneic stem cell	B	-	-	-	-	-	-	-
38206	Harvest auto stem cells	S	5242	5242	\$1,098.22	\$1,193.40	\$1,221.66	\$123.44	11%
38207	Cryopreserve stem cells	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
38208	Thaw preserved stem cells	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
38209	Wash harvest stem cells	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
38210	T-cell depletion of harvest	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%

³ Payment rates are updated by CMS on a quarterly basis. These payment rates reflect the 2017 final rule, 2018 proposed rule and 2018 final rule.

** Dollar and percent change reflects the 2017 final payment to 2018 final payment. Percent change calculation is rounded to the nearest whole number unless rounded value is < 1.

⁴ The short descriptor for HCPCS code 36516 was previously "Apheresis selective"

Table 2. Transfusion, Apheresis, and Stem Cell Procedures³

HCPCS Code	Short Descriptor	2018 SI	2017 APC	2018 APC	Final 2017 Payment	Proposed 2018 Payment	Final 2018 Payment	\$ Change 2017-2018**	% Change 2017-2018**
38211	Tumor cell deplete of harvst	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
38212	Rbc depletion of harvest	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
38213	Platelet deplete of harvest	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
38214	Volume deplete of harvest	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
38215	Harvest stem cell concentrte	S	5241	5241	\$354.39	\$366.84	\$375.05	\$20.66	6%
38220	Dx bone marrow aspirations ⁵	J1	5072	5072	\$1,236.10	\$1,268.53	\$1,347.94	\$111.84	9%
38221	Dx bone marrow biopsies ⁶	J1	5072	5072	\$1,236.10	\$1,268.53	\$1,347.94	\$111.84	9%
38222 ⁷	Dx bone marrow bx & aspir	J1	-	5072	\$0	\$0	\$1,347.94	\$1,347.94	100%
38230	Bone marrow harvest allogene	S	5242	5242	\$1,098.22	\$1,193.40	\$1,221.66	\$123.44	11%
38232	Bone marrow harvest autolog	S	5243	5243	\$3,186.48	\$3,135.99	\$3,699.85	\$513.37	16%
38240	Transplt allo hct/donor	J1	5244	5244	\$27,752.75	\$26,049.70	\$30,441.31	\$2688.56	10%
38241	Transplt autol hct/donor	S	5242	5242	\$1,098.22	\$1,193.40	\$1,221.66	\$123.44	11%
38242	Transplt allo lymphocytes	S	5242	5242	\$1,098.22	\$1,193.40	\$1,221.66	\$123.44	11%
38243	Transplj hematopoietic boost	S	5242	5242	\$1,098.22	\$1,193.40	\$1,221.66	\$123.44	11%
88184	Flowcytometry/ tc 1 marker	Q2	5673	5673	\$183.93	\$194.36	\$215.42	\$31.49	17%
88185	Flowcytometry/tc add-on	N							
88187	Flowcytometry/read 2-8	B							
88188	Flowcytometry/read 9-15	B							

⁵ Effective in CY 2018, the CPT Editorial Panel revised the short descriptor for 38220. Previously, the short descriptor for the code was "bone marrow aspiration."

⁶ Effective in CY 2018, the CPT Editorial Panel revised the short descriptor for 38221. Previously, the short descriptor for the code was "Bone marrow biopsy."

⁷ 38222 is a new code for CY 2018.

Table 2. Transfusion, Apheresis, and Stem Cell Procedures³

HCPCS Code	Short Descriptor	2018 SI	2017 APC	2018 APC	Final 2017 Payment	Proposed 2018 Payment	Final 2018 Payment	\$ Change 2017-2018**	% Change 2017-2018**
88189	Flowcytometry/read 16 & >	B							
G0364	Bone marrow aspirate & biopsy	D							

Table 3. Transfusion Laboratory Services⁸

HCPCS Code	Short Descriptor	2018 SI	2017 APC	2018 APC	Final 2017 Payment	Proposed 2018 Payment	Final 2018 Payment	\$ Change 2017-2018**	% Change 2017-2018**
86850	Rbc antibody screen	Q1	5671	5671	\$39.68	\$42.40	\$44.70	\$5.02	13%
86860	Rbc antibody elution	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86870	Rbc antibody identification	Q2	5673	5673	\$183.93	\$194.36	\$215.42	\$31.49	17%
86880	Coombs test direct	Q1	5732	5732	\$28.37	\$29.65	\$31.80	\$3.43	12%
86885	Coombs test indirect qual	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86886	Coombs test indirect titer	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86890	Autologous blood process	Q1	5673	5673	\$183.93	\$194.36	\$215.42	\$31.49	17%
86891	Autologous blood op salvage	Q1	5674	5674	\$453.97	\$477.66	\$540.92	\$86.95	19%
86900	Blood typing serologic abo	Q1	5733	5734	\$54.53	\$94.27	\$105.03	\$50.50	93%
86901	Blood typing serologic rh(d)	Q1	5732	5732	\$28.37	\$29.65	\$31.80	\$3.43	12%
86902	Blood type antigen donor ea	Q1	5673	5673	\$183.93	\$194.36	\$215.42	\$31.49	17%
86904	Blood typing patient serum	Q1	5732	5732	\$28.37	\$29.65	\$31.80	\$3.43	12%
86905	Blood typing rbc antigens	Q1	5673	5673	\$183.93	\$194.36	\$215.42	\$31.49	17%
86906	Bld typing serologic rh phnt	Q1	5732	5732	\$28.37	\$29.65	\$31.80	\$3.43	12%
86920	Compatibility test spin	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86921	Compatibility test incubate	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86922	Compatibility test antiglob	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86923	Compatibility test electric	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86927	Plasma fresh frozen	S	5673	5673	\$183.93	\$194.36	\$215.42	\$31.49	17%

⁸ Payment rates are updated by CMS on a quarterly basis. These payment rates reflect the 2017 final rule, 2018 proposed rule and 2018 final rule.

** Dollar and percent change reflects the 2017 final payment to 2018 final payment. Percent change calculation is rounded to the nearest whole number unless rounded value is < 1.

Table 3. Transfusion Laboratory Services⁸

HCPCS Code	Short Descriptor	2018 SI	2017 APC	2018 APC	Final 2017 Payment	Proposed 2018 Payment	Final 2018 Payment	\$ Change 2017-2018**	% Change 2017-2018**
86930	Frozen blood prep	Q1	5673	5673	\$183.93	\$194.36	\$215.42	\$31.49	17%
86931	Frozen blood thaw	Q1	5673	5673	\$183.93	\$194.36	\$215.42	\$31.49	17%
86932	Frozen blood freeze/thaw	Q1	5732	5732	\$28.37	\$29.65	\$31.80	\$3.43	12%
86945	Blood product/irradiation	Q1	5732	5732	\$28.37	\$29.65	\$31.80	\$3.43	12%
86950	Leukocyte transfusion	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86960	Vol reduction of blood/prod	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86965	Pooling blood platelets	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86970	Rbc pretx incubatj w/chemicl	Q1	5732	5732	\$28.37	\$29.65	\$31.80	\$3.43	12%
86971	Rbc pretx incubatj w/enzymes	Q1	5673	5673	\$183.93	\$194.36	\$215.42	\$31.49	17%
86972	Rbc pretx incubatj w/density	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86975	Rbc serum pretx incubj drugs	Q1	5732	5732	\$28.37	\$29.65	\$31.80	\$3.43	12%
86976	Rbc serum pretx id dilution	Q1	5732	5731	\$28.37	\$29.65	\$17.47	- \$10.90	-38%
86977	Rbc serum pretx incubj/inhib	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86978	Rbc pretreatment serum	Q1	5731	5732	\$12.61	\$29.65	\$31.80	\$19.19	152%
86985	Split blood or products	Q1	5672	5672	\$103.83	\$115.21	\$129.17	\$25.34	24%
86999	Transfusion procedure	Q1	5731	5731	\$12.61	\$14.16	\$17.47	\$4.86	39%
P9100 ⁹	Pathogen test for platelets	S	n/a	1493	n/a	\$25.50	\$25.50	n/a	n/a

⁹ P9100 is a new code for 2018, and replaces the temporary code Q9987. In 2017, pathogen test for platelets was included in HCPCS code P9072.