



Advancing Transfusion and  
Cellular Therapies Worldwide

## **Centers for Medicare & Medicaid Services Proposes Medicare Hospital Outpatient Payment Rates and Policies for CY 2019**

On July 31, the Centers for Medicare & Medicaid Services (CMS) published in the *Federal Register* a proposed rule that would update Medicare payment rates and policies under the hospital outpatient prospective payment system (OPPS) and the ambulatory surgical center (ASC) payment system for calendar year (CY) 2018. Comments are due to CMS on September 24.

CMS proposes substantial changes to Medicare payment policy for hospital outpatient services, including expanding a site-neutral payment policy to certain outpatient services furnished in off-campus provider-based hospital departments (PBDs), changing the payment policy applicable to clinic visit services, and changing the payment policy for certain outpatient drugs furnished by certain PBDs. If finalized, these changes would result in significant payment cuts to hospitals.

CMS proposes a 1.25 percent update to payment rates established under the OPPS for 2019, which is based on the proposed hospital inpatient market basket percentage increase of 2.8 percent, minus the proposed multifactor productivity adjustment of 0.8 percentage points, minus a 0.75 percentage point adjustment required by the Affordable Care Act. CMS proposes to increase the payment rate for most transfusion, apheresis and stem cell procedures covered by the OPPS as well as most transfusion laboratory services. While CMS proposes to increase payment rates several blood products, CMS also proposes to reduce payment rates for certain blood products, including pathogen reduced platelets.

CMS includes in the proposed rule requests for information (RFIs) on: (1) promoting interoperability and electronic health care information exchange through possible revisions to the CMS patient health and safety requirements for hospitals and other Medicare-participating and Medicaid-participating providers and suppliers; (2) improving beneficiary access to provider and supplier charge information; and (3) leveraging the authority for the Competitive Acquisition Program (CAP) for Part B drugs and biologicals for a potential CMS Innovation Center model.

The following summary focuses on key aspects of the proposed rule that are related to transfusion medicine and cellular therapies.

### **Payment Policies for Off-Campus Provider-Based Hospital Departments**

Section 603 of the Bipartisan Budget Act of 2015 (BBA) modified payments for certain items and services furnished in off-campus provider-based hospital departments (PBDs). Applicable items and services furnished by PBDs that began billing under the OPPS on or after November 2, 2015 were no longer paid under the OPPS. Rather, payments for these items and services were to be made under the “applicable [Medicare Part B] payment system.” Services furnished by a dedicated emergency department were excluded from the new site-neutral payment policy. In addition, sites already billing under the OPPS rate as of the date of enactment of the BBA were excepted from the new policy (hereinafter “excepted PBDs”).

CMS proposes to apply the site-neutral payment policy to new “clinical families of services” furnished at excepted PBDs. In other words, if an excepted PBD “furnishes services from any clinical family of services... from which it did not furnish an item or service during a baseline period from November 1, 2014 through November 1, 2015,” these services would be paid the lower rates established under the physician fee schedule. The proposed policy would apply to nineteen “clinical families of services,” including blood product exchange (including transfusion, apheresis and stem cell procedures, covered by APCs 5241-5244), pathology (APCs 5671 – 5674), and diagnostic/screening test and related procedures (APCs 5721-5724; 5731-5735; 5741-5743)). Transfusion laboratory services are identified by APCs included in the pathology and diagnostic/screening test and related procedures clinical families of services.

In addition, CMS proposes to change the payment policy applicable to clinic visit services furnished at excepted PBDs. Under the proposed policy, payment rates for these services would be equal to the rates established under the physician fee schedule rather than the rates established under the OPFS. (Non-excepted PBDs already receive payment rates for these services equal to the rates established under the physician fee schedule.) CMS reasons that this “method of capping payment will control unnecessary volume increases.” The proposed policy would reduce Medicare payments for clinic visits in excepted PBDs from approximately \$116 to \$46. CMS also proposes to apply a new payment policy to certain outpatient drugs that are furnished and billed by non-excepted PBDs.

Collectively, these payment policies would result in significant cuts to hospitals.

#### **Proposed 2019 Payment Rates for Blood and Blood Components**

CMS proposes to continue establishing separate payment rates for blood and blood products using a blood-specific cost-to-charge ratio (CCR) methodology. In addition, CMS proposes to continue to apply the blood-specific CCR methodology when calculating the costs of 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, and the proposed payment rates of the C-APCs, CMS is proposing not to make separate payments for blood and blood products when they appear on the same claims as services assigned to the C-APCs.

CMS proposes substantial increases in payments for certain blood products, including a 23 percent increase for blood split units (P9011), a 35 percent increase for frozen plasma, pooled, solvent/detergent treated (P9023), a 24 percent increase for plasma protein fraction, 5%, 250 ml (P9048), a 26 percent increase for leukoreduced, cmv-negative, apheresis platelets (P9055), a 41 percent increase for leukoreduced, irradiated blood (P9056), and a 30 percent increase for fresh frozen plasma, donor retested (P9060).

In contrast, CMS proposes to reduce payments by over 19 percent for several blood products. For example, CMS proposes a 29 percent reduction for pathogen reduced platelets (P9073), a 40 percent reduction for pathogen reduced pooled plasma (P9070), a 27 percent reduction for deglycerolized red blood cells (P9039), a 21 percent reduction for whole blood (P9010) and a 19 percent reduction for apheresis platelets (P9034).

With respect to pathogen reduced platelets, prior to 2019, CMS established an interim payment rate based on a crosswalk to existing code P9037 (platelets, pheresis, leukocytes reduced, irradiated,

each unit). In the 2019 OPPS proposed rule, CMS suggests that there are sufficient claims available to establish a payment rate for HCPCS code P9073 (pathogen reduced platelets) without using a crosswalk since over 2,200 claims were billed using the two predecessor codes for pathogen reduced platelets, including: (1) P9072, which was revised for the period between January 1, 2017 and July 1, 2017 to include both pathogen reduced platelets and rapid bacterial testing of platelets, and (2) Q9988, which was established as a temporary successor code for P9072 after CMS established a different, separate code for rapid bacterial testing of platelets. CMS estimates that nearly all the claims billed for services reported with P9072 were for pathogen reduced platelets and calculated that the geometric mean cost for services described by HCPCS code P9072 was \$468.11, which is higher than the geometric mean cost for services described by HCPCS code Q9988 (\$453.87). CMS proposes to use claims payment history calculate the payment rate for pathogen reduced platelets (P9073) for 2019 (\$445.68) and subsequent years.

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

#### **Proposed 2019 Payment Rates for Transfusion, Apheresis, and Stem Cell Procedures**

CMS proposes payment increases for most of the transfusion, apheresis and stem cell procedures covered by the OPPS. Most of the proposed reimbursement rates for the HCPCS codes for transfusion, apheresis and stem cell procedures are 2 percent higher than the rates finalized for 2018, although the proposed reimbursement rate for HCPCS code 38232 (bone marrow harvest autolog) is 6 percent higher than the payment rate finalized for 2018 and the proposed reimbursement rate for HCPCS code 88184 (flowcytometry/tc 1 marker) is 26 percent higher than the payment rate finalized for 2018. In contrast, CMS proposes a payment rate for HCPCS code 38240 (transpl allo hct/donor) equal to \$25,645.86, which is 16 percent lower than the rate finalized for 2018.

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

#### **Proposed 2019 Payment Rates for Transfusion Laboratory Services**

CMS proposes to increase the payment rate for most transfusion laboratory services by 12 percent or more. However, CMS proposes to reduce the payment rates by 33 percent for 86890 (autologous blood process) and 86927 (plasma fresh frozen).

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

#### **Chimeric Antigen Receptor (CAR) T-Cell Therapies**

CMS highlights in the proposed rule that the two chimeric antigen receptor (CAR) T-cell therapies that were approved by the Food and Drug Administration (FDA), including Kymriah™ (Tisagenlecleucel) and Yescarta™ (Axicabtagene Ciloleucel), were approved for pass-through status.

Please see Table 4 for a summary of the proposed payment rates for these CAR T-cell therapies.

#### **EpiCord: Application for Device Pass-Through Payment**

The Medicare law permits new devices that meet specific criteria to be eligible for transitional pass-through payments for between 2- and 3- years. Beginning on April 1, 2015, skin substitute

products are evaluated for pass-through payment status through the device pass-through payment process. MiMedx® submitted an application for a new OPPS device category for transitional pass-through payment status for EpiCord, a skin substitute product. EpiCord is a minimally manipulated, dehydrated, devitalized cellular umbilical cord allograft for homologous use that provides a protective environment for the healing process. CMS is inviting public comments on whether EpiCord qualifies for pass-through payment status by satisfying requirements related to newness, eligibility, substantial clinical improvement and cost.

**Request for Information: Competitive Acquisition Program for Part B Drugs and Biologicals for a Potential CMS Innovation Center Model**

CMS' Center for Medicare and Medicaid Innovation (CMMI) is soliciting comments on developing a competitive acquisition program model for Medicare Part B drug and biologicals as a mechanism to "test private market strategies and introduce competition to improve quality of care for beneficiaries, while reducing both Medicare expenditures and beneficiaries' out of pocket spending." CMMI is specifically seeking feedback on the potential model's scope, the types of drugs and biologicals that should be included or excluded from the potential model, the role of private sector vendors in the model, a defined population of beneficiaries to be addressed by the potential model, beneficiary protections, the inclusion of other payers and other options for model payments. CMMI is also seeking comments on whether a potential competitive acquisition program model could be a useful payment and delivery structure for new high-cost drugs and biologicals, such as CAR T-cell therapies. CMMI questions whether such a model could be structured to achieve the goals of increasing competition, strengthening negotiation and creating incentives for lower list prices and lower out-of-pocket costs.

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AABB will be submitting comments to CMS on the proposed rule. If you have any questions or would like additional information, please email [govt\\_and\\_legal@aabb.org](mailto:govt_and_legal@aabb.org).

Table 1. Blood and Blood Products								
HCPCS Code	Short Descriptor	2019 SI	2018 APC	2019 APC	Final 2018 Payment <sup>1</sup>	Proposed 2019 Payment	\$ Change 2018-2019**	% Change 2018-2019**
P9010	Whole blood for transfusion	R	9510	9510	\$156.91	\$123.59	-\$33.32	-21%
P9011	Blood split unit	R	9520	9520	\$102.67	\$125.88	\$23.21	23%
P9012	Cryoprecipitate each unit	R	9511	9511	\$44.00	\$44.32	\$0.32	0.7%
P9016	Rbc leukocytes reduced	R	9512	9512	\$183.76	\$183.54	-\$0.22	-0.1%
P9017	Plasma 1 donor frz w/in 8 hr	R	9508	9508	\$72.41	\$73.02	\$0.61	0.8%
P9019	Platelets, each unit	R	9515	9515	\$114.94	\$116.43	\$1.49	1%
P9020	Plaelet rich plasma unit	R	9516	9516	\$123.50	\$131.65	\$8.15	7%
P9021	Red blood cells unit	R	9517	9517	\$142.78	\$144.85	\$2.07	1%
P9022	Washed red blood cells unit	R	9518	9518	\$384.25	\$343.35	-\$40.90	-11%
P9023	Frozen plasma, pooled, sd	R	9509	9509	\$60.57	\$81.51	\$20.94	35%
P9031	Platelets leukocytes reduced	R	9526	9526	\$116.70	\$125.75	\$9.05	8%
P9032	Platelets, irradiated	R	9500	9500	\$179.13	\$180.17	\$1.04	0.6%
P9033	Platelets leukoreduced irradiated	R	9521	9521	\$167.64	\$165.17	-\$2.47	-1%
P9034	Platelets, pheresis	R	9507	9507	\$421.17	\$342.33	-\$78.84	-19%
P9035	Platelet pheres leukoreduced	R	9501	9501	\$476.96	\$482.12	\$5.16	1%
P9036	Platelet pheresis irradiated	R	9502	9502	\$554.42	\$547.95	-\$6.47	-1%
P9037	Plate pheres leukoredu irradiated	R	9530	9530	\$624.61	\$623.47	-\$1.14	-0.2%
P9038	Rbc irradiated	R	9505	9505	\$213.77	\$226.44	\$12.67	6%
P9039	Rbc deglycerolized	R	9504	9504	\$420.80	\$306.89	-\$113.91	-27%
P9040	Rbc leukoreduced irradiated	R	9522	9522	\$260.18	\$258.41	-\$1.77	-0.7%
P9043	Plasma protein fract,5%,50ml	R	9514	9514	\$15.39	\$157.85	\$142.46	926%
P9044	Cryoprecipitatereducedplasma	R	9523	9523	\$105.53	\$89.30	-\$16.23	-15%
P9048	Plasmaprotein fract,5%,250ml	R	9519	9519	\$46.90	\$58.02	\$11.12	24%
P9050	Granulocytes, pheresis unit	E2	-	-	-	-	-	-
P9051	Blood, l/r, cmv-neg	R	9524	9524	\$192.66	\$181.44	-\$11.22	-6%
P9052	Platelets, hla-m, l/r, unit	R	9525	9525	\$769.26	\$827.93	\$58.67	8%
P9053	Plt, pher, l/r cmv-neg, irr	R	9531	9531	\$539.80	\$492.32	-\$47.48	-9%
P9054	Blood, l/r, froz/degly/wash	R	9527	9527	\$283.48	\$322.53	\$39.05	14%
P9055	Plt, aph/pher, l/r, cmv-neg	R	9528	9528	\$339.93	\$426.96	\$87.03	26%
P9056	Blood, l/r, irradiated	R	9529	9529	\$155.24	\$218.48	\$63.24	41%
P9057	Rbc, frz/deg/wsh, l/r, irradiated	R	9532	9532	\$281.73	\$236.16	-\$45.57	-16%
P9058	Rbc, l/r, cmv-neg, irradiated	R	9533	9533	\$238.03	\$228.52	-\$9.51	-4%
P9059	Plasma, frz between 8-24hour	R	9513	9513	\$74.23	\$76.08	\$1.85	2%
P9060	Fr frz plasma donor retested	R	9503	9503	\$48.35	\$62.72	\$14.37	30%

P9070	Pathogen reduced plasma pool	R	9534	9534	\$74.23	\$44.65	-\$29.58	-40%
P9071	Pathogen reduced plasma sing	R	9535	9535	\$72.41	\$70.68	-\$1.73	-2%
P9072	Plate path red/rapid bac tes <sup>2</sup>	R	-	-	-	-	-	-
P9073	Platelets, pathogen reduced <sup>3</sup>	R	9536	9536	\$624.61	\$445.68	-\$178.93	-29%

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<sup>1</sup> Payment rates are updated by CMS on a quarterly basis. These payment rates reflect the 2018 final rule and 2019 proposed rule.

\*\* Dollar and percent change reflects the 2018 final payment to the 2019 proposed payment. Percent change calculation is rounded to the nearest whole number unless rounded value is < 1.

<sup>2</sup> P9072 was discontinued in 2018, P9072 was split into codes P9100 and P9073 in 2018.

<sup>3</sup> P9100 and P9073 were a combined HCPCS code P9072 and APC 9536 in 2017.

Table 2. Transfusion, Apheresis, and Stem Cell Procedures								
HCPCS Code	Short Descriptor	2019 SI	2018 APC	2019 APC	Final 2018 Payment <sup>4</sup>	Proposed 2019 Payment	\$ Change 2018-2019**	% Change 2018-2019**
36430	Blood transfusion service	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
36440	Bl push transfuse 2 yr/<	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
36450	Bl exchange/transfuse nb	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
36455	Bl exchange/transfuse non-nb	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
36456	Prtl exchange transfuse nb	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
36460	Transfusion service fetal	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
36511	Apheresis wbc	S	5242	5242	\$1,221.66	\$1,222.97	\$1.31	0.1%
36512	Apheresis rbc	S	5242	5242	\$1,221.66	\$1,222.97	\$1.31	0.1%
36513	Apheresis platelets	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
36514	Apheresis plasma	S	5242	5242	\$1,221.66	\$1,222.97	\$1.31	0.1%
36516	Apheresis immunoads slctv	S	5243	5243	\$3,699.85	\$3,912.23	\$212.38	6%
36522	Photopheresis	S	5243	5243	\$3,699.85	\$3,912.23	\$212.38	6%
38205 <sup>5</sup>	Harvest allogeneic stem cell	B	-	-	-	-	-	-
38206	Harvest auto stem cells	S	5242	5242	\$1,221.66	\$1,222.97	\$1.31	0.1%
38207	Cryopreserve stem cells	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
38208	Thaw preserved stem cells	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
38209	Wash harvest stem cells	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
38210	T-cell depletion of harvest	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
38211	Tumor cell deplete of harvst	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
38212	Rbc depletion of harvest	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
38213	Platelet deplete of harvest	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
38214	Volume deplete of harvest	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
38215	Harvest stem cell concentrte	S	5241	5241	\$375.05	\$383.39	\$8.34	2%
38220	Dx bone marrow aspirations	J1	5072	5072	\$1,347.94	\$1,370.32	\$22.38	2%
38221	Dx bone marrow biopsies	J1	5072	5072	\$1,347.94	\$1,370.32	\$22.38	2%
38222	Dx bone marrow bx & aspir	J1	5072	5072	\$1,347.94	\$1,370.32	\$22.38	2%
38230	Bone marrow harvest allogeneic	S	5242	5242	\$1,221.66	\$1,222.97	\$1.31	0.1%
38232	Bone marrow harvest autolog	S	5243	5243	\$3,699.85	\$3,912.23	\$212.38	6%
38240	Transplt allo hct/donor	J1	5244	5244	\$30,441.31	\$25,645.86	-\$4795.45	-16%
38241	Transplt autol hct/donor	S	5242	5242	\$1,221.66	\$1,222.97	\$1.31	0.1%
38242	Transplt allo lymphocytes	S	5242	5242	\$1,221.66	\$1,222.97	\$1.31	0.1%
38243	Transplj hematopoietic boost	S	5242	5242	\$1,221.66	\$1,222.97	\$1.31	0.1%
88184	Flowcytometry/ tc 1 marker	Q2	5673	5673	\$215.42	\$271.73	\$56.31	26%
88185	Flowcytometry/tc add-on	N						

88187	Flowcytometry/read 2-8	B						
88188	Flowcytometry/read 9-15	B						
88189	Flowcytometry/read 16 & >	B						

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<sup>4</sup> Payment rates are updated by CMS on a quarterly basis. These payment rates reflect the 2018 final rule and the 2019 proposed rule.

\*\* Dollar and percent change reflects the 2018 final payment to the 2019 proposed payment. Percent change calculation is rounded to the nearest whole number unless rounded value is < 1

<sup>5</sup> 38205 was listed as B in the 2018 final OPPS



Table 3. Transfusion Laboratory Services								
HCPCS Code	Short Descriptor	2019 SI	2018 APC	2019 APC	Final 2018 Payment <sup>6</sup>	Proposed 2019 Payment	\$ Change 2018-2019**	% Change 2018-2019**
86850	Rbc antibody screen	Q1	5671	5671	\$44.70	\$51.41	\$6.71	15%
86860	Rbc antibody elution	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86870	Rbc antibody identification	Q2	5673	5673	\$215.42	\$271.73	\$56.31	26%
86880	Coombs test direct	Q1	5732	5732	\$31.80	\$32.89	\$1.09	3%
86885	Coombs test indirect qual	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86886	Coombs test indirect titer	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86890	Autologous blood process	Q1	5673	5672 <sup>7</sup>	\$215.42	\$144.65	-\$70.77	-33%
86891	Autologous blood op salvage	Q1	5674	5674	\$540.92	\$532.66	-\$8.26	-2%
86900	Blood typing serologic abo	Q1	5734	5734	\$105.03	\$106.97	\$1.94	2%
86901	Blood typing serologic rh(d)	Q1	5732	5732	\$31.80	\$32.89	\$1.09	3%
86902	Blood type antigen donor ea	Q1	5673	5673	\$215.42	\$271.73	\$56.31	26%
86904	Blood typing patient serum	Q1	5732	5732	\$31.80	\$32.89	\$1.09	3%
86905	Blood typing rbc antigens	Q1	5673	5673	\$215.42	\$271.73	\$56.31	26%
86906	Bld typing serologic rh phnt	Q1	5732	5732	\$31.80	\$32.89	\$1.09	3%
86920	Compatibility test spin	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86921	Compatibility test incubate	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86922	Compatibility test antiglob	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86923	Compatibility test electric	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%

<sup>6</sup> Payment rates are updated by CMS on a quarterly basis. These payment rates reflect the 2018 final rule and the 2018 proposed rule.

\*\* Dollar and percent change reflects the 2018 final payment to the 2019 proposed payment. Percent change calculation is rounded to the nearest whole number unless rounded value is < 1

<sup>7</sup> Code 86890 had the APC code 5673 in 2018 and has been changed to 5672 in 2019.

Table 3. Transfusion Laboratory Services								
HCPCS Code	Short Descriptor	2019 SI	2018 APC	2019 APC	Final 2018 Payment <sup>6</sup>	Proposed 2019 Payment	\$ Change 2018-2019**	% Change 2018-2019**
86927	Plasma fresh frozen	S	5673	5672 <sup>8</sup>	\$215.42	\$144.65	-\$70.77	-33%
86930	Frozen blood prep	Q1	5673	5673	\$215.42	\$271.73	\$56.31	26%
86931	Frozen blood thaw	Q1	5673	5673	\$215.42	\$271.73	\$56.31	26%
86932	Frozen blood freeze/thaw	Q1	5732	5732	\$31.80	\$32.89	\$1.09	3%
86945	Blood product/irradiation	Q1	5732	5732	\$31.80	\$32.89	\$1.09	3%
86950	Leukocyte transfusion	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86960	Vol reduction of blood/prod	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86965	Pooling blood platelets	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86970	Rbc pretx incubatj w/chemicl	Q1	5732	5732	\$31.80	\$32.89	\$1.09	3%
86971	Rbc pretx incubatj w/enzymes	Q1	5673	5673	\$215.42	\$271.73	\$56.31	26%
86972	Rbc pretx incubatj w/density	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86975	Rbc serum pretx incubj drugs	Q1	5732	5732	\$31.80	\$32.89	\$1.09	3%
86976	Rbc serum pretx id dilution	Q1	5731	5731	\$17.47	\$17.04	-\$0.43	-2%
86977	Rbc serum pretx incubj/inhib	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86978	Rbc pretreatment serum	Q1	5732	5732	\$31.80	\$32.89	\$1.09	3%
86985	Split blood or products	Q1	5672	5672	\$129.17	\$144.65	\$15.48	12%
86999	Transfusion procedure	Q1	5731	5731	\$17.47	\$17.04	-\$0.43	-2%
P9100 <sup>9</sup>	Pathogen test for platelets	S	1493	1493	\$25.50	\$25.50	\$0.00	n/a

<sup>8</sup> Code 86927 had the APC code 5673 in 2018 and has been changed to 5672 in 2019.

<sup>9</sup> P9100 and P9073 were previously codes Q9987 and Q9988. These codes were a combined HCPCS code P9072 and APC 9536 in 2017.

Table 4: Proposed Payment for Chimeric Antigen Receptor (CAR) T-Cell Therapies							
CY 2018 HCPCS Code	CY 2019 HCPCS Code	CY 2019 Long Descriptor	CY 2019 Short Descriptor	Proposed CY 2019 Status Indicator	Proposed CY 2019 APC	Pass-Through Payment Effective Date	Proposed 2019 Payment Rate
Q2040	Q2040	Tisagenlecleucel, up to 250 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	Tisagenlecleucel car-pos t	G	9081	01/01/18	\$500,838.643
Q2041	Q2041	Axicabtagene Ciloleucel, up to 200 Million Autologous AntiCD19 CAR T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Infusion	Axicabtagene ciloleucel car+	G	9035	04/01/18	\$395,380.000