

Bone Marrow-Donor Program To Ask Congress To Hike Pay For Transplants

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Providers and patient-navigators are considering turning to Congress after years of trying to get CMS to change the reimbursement system for bone marrow transplants which, thanks to advances in chemotherapy, are now possible in seniors, National Marrow Donor Program Chief Strategy Officer Michael Boo said. Boo met again with CMS officials this month to request administrative changes, but with dwindling hope of the agency making those changes, the registry group is preparing to ask Congress to weigh in.

The National Marrow Donor Program is working with the provider group American Society of Blood and Marrow Transplants.

A decade ago, bone marrow transplants were rarely performed in patients older than 55 years old, even though the types of diseases marrow transplants cure often occur in seniors, because seniors could not handle the aggressive chemotherapy that preceded transplantation, Boo said. Since then, doctors have reduced the intensity of chemotherapy prior to transplants so many seniors can undergo it.

Now that scientific advances have cleared the way for marrow transplants in seniors, Medicare policy has become the biggest obstacle to seniors getting such transplants, Boo said. Medicare does not cover transplants for most of the indications that commercial insurers cover. Medicare covers transplants for a handful of diseases, and in recent years the agency has agreed to cover the procedure for a few more conditions, including sickle cell disease, myelofibrosis and multiple myeloma. Medicare contractors review the rest of diseases case by case. That means hospitals don't know whether Medicare will pay for the procedure until after they've performed it, Boo said.

Even for transplants that Medicare covers, reimbursement is less than the cost of providing the service, Boo said. Patients must be matched with donors at the genetic level for marrow transplantation so finding marrow donors and getting their cells is an arduous and expensive task that often involves global searches.

Medicare pays for inpatient services by dividing them into categories called diagnosis-related groups (DRGs), and the DRG for bone marrow transplants covers both the actual transplantation procedure and donor searches and cell procurement.

The cost of finding donors and getting their cells happens every time and is predictable, Boo said. Because of this, his group has been urging CMS for a while to pay separately for the cost of identifying donors and procuring their cells. Medicare already uses this approach for living kidney donors, Boo added.

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