



*Saving and improving lives with transplantation.*

**American Society of Transplant Surgeons®**

July 9, 2020

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue S.W. Room 314G  
Washington, DC 20201

**Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and Proposed Policy Changes Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals; RIN 0938-AU11; file code CMS-1735-P.**

Dear Administrator Verma:

As President of the American Society of Transplant Surgeons (ASTS), Marwan S. Abouljoud, MD, CPE, MMM, I am pleased to have the opportunity to comment on the 2021 Inpatient Prospective Payment System (“IPPS”) Proposed Rule (the “Proposed Rule”). ASTS is a medical specialty society representing over 1,800 professionals dedicated to excellence in transplantation surgery. Our mission is to advance the art and science of transplant surgery through patient care, research, education, and advocacy.

**Transplant-Specific Proposals:**

Preliminarily, we support the proposed modification of CMS’ grouper language for MS-DRG 652 (Kidney Transplant) to allow the presence of a procedure code describing kidney transplantation to determine the MS-DRG assignment of inpatient admissions (with certain limited exceptions). We believe that this modification of the grouper system is consistent with ASTS’ request that kidney transplant admissions be classified into MS-DRGs that accurately capture the costs associated with transplantation.

The most significant transplant-specific change proposed for 2021 is the trifurcation of the current kidney transplant DRG into three DRGs—one for kidney transplants with hemodialysis and with major complication or comorbidity (MCC); one for kidney transplants with hemodialysis and without MCC; and one for all other kidney transplants. Under the proposal, the DRG weight for those cases involving hemodialysis would increase by 33% (with MCC) or 9% (without MCC), and the DRG weight for cases without either MCC or hemodialysis would decrease by 6%.

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The proposed trifurcation of the current kidney transplant MS-DRG is consistent with ASTS' recommendation that CMS recognize the additional costs involved in more complex kidney transplants. However, we are against including components in the proposal that will result in a reduction in inpatient payment for kidney transplant in any category. It is widely recognized that transplantation improves outcomes and reduces costs long term. Increasing the availability of kidney transplantation as a treatment option for ESRD-eligible Medicare beneficiaries is one of the primary priorities of the July 10, 2019 Executive Order on Advancing Kidney Health (AKH Executive Order).<sup>1</sup>

Furthermore, we are concerned that the Proposed Rule would decrease Medicare payment for all kidney transplants not requiring post-transplant dialysis. It is well known that the Estimated Post Transplant Survival Score (EPTS) assigned to patients has been increasing in the transplant population. The rising EPTS score also correlates directly with increasing hospital costs, irrespective of dialysis needs. CMS has repeatedly recognized that transplantation is the most clinically and cost-effective treatment option for patients with ESRD and has made an extraordinary effort to increase transplantation. For example, over the past year and a half, CMS has proposed expanding living donors' eligibility for financial support and reforming Organ Procurement Organization metrics to increase the availability of organs. In addition, CMS has finalized a rule that eliminates outcomes requirements as a condition of Transplant Center recertification in order to reduce disincentives to transplantation and has implemented demonstration programs designed in part to increase transplant rates. The proposed reduction in hospital payment for those kidney transplants that do not involve post-transplant dialysis is not consistent with the President's announced objective of doubling the number of kidney transplants by 2030. In light of the considerable clinical advantages of kidney transplantation and its cost savings to the Medicare Program, we urge CMS to refrain from reducing hospital inpatient payment for any kidney transplants in the 2021 IPPS Final Rule.

In the Proposed Rule, CMS sets forth the factors that will be used to identify those MS-DRG diagnosis codes whose presence on a claim will be used to classify admissions based on severity (MCC, CC, or non-CC). We understand that CMS will be engaging in a process to revise the classification of MS-DRG diagnosis codes in the coming year. We also appreciate the efforts made by CMS to ensure that MS-DRG diagnosis code designations are clinically appropriate and effective in identifying those clinical conditions that should trigger classification into more heavily weighted MS-DRGs. We look forward to commenting on the MS-DRG diagnosis code designations for transplant-related MS-DRGs (including the newly created kidney transplanted DRGs) next year.

#### **Antimicrobial add-on payments:**

In addition to our comments on the transplant-specific issues addressed above, we wish to offer our comments on a number of non-transplant specific provisions of the Proposed Rule. First, we support CMS' proposal to provide conditional approval for antimicrobial products that otherwise qualify for add-on payment as breakthrough technologies, but that do not receive FDA approval by CMS' July 1 new technology add-on deadline. Under this proposal, antimicrobial products that would otherwise meet the applicable add-on payment criteria would begin receiving the new technology add-on payment immediately after FDA marketing authorization instead of having to wait up to a year and a half to qualify. We strongly support this effort to expedite access to these critical products, especially in light of their importance for immuno-compromised transplant recipients.

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<sup>1</sup> See sources cited at the conclusion of this comment.

**Third-party charges reporting:**

The Proposed Rule indicates that CMS plans to require all hospitals to report their Medicare Advantage and other third-party payer negotiated charges, to be used in a potential change to the methodology for calculating MS-DRG relative weights based on market prices. We strongly urge CMS to refrain from adopting this requirement in the 2021 IPPS Final Rule, for the reasons set forth in comments submitted by the various representatives of the hospital industry. Especially in light of the severe pressure that the ongoing pandemic has placed on hospitals throughout the country, we do not believe that now is the time to impose on hospitals a new and complex administrative reporting requirement.

If you have any questions, or if we can be of further assistance, please do not hesitate to contact Daniel D. Garrett, ASTS Executive Director/CEO at [Daniel.Garrett@asts.org](mailto:Daniel.Garrett@asts.org) or call 703-414-7870.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Marwan Abouljoud". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Marwan Abouljoud, MD, CPE, MMM  
President  
American Society of Transplant Surgeons

**References:**

1. [Axelrod D, et al. AJT 2017; 17:377-389](#)
2. [Sharma N, et al. Curr Opin Organ Transplant 2019, 24:92-96](#)
3. [Axelrod D, et al. AJT 2018;18:1168-1176](#) -
4. [Englesbe MJ, et al. AJT 2008;8\(3\):586-592](#) -
5. [Held PJ, et al. AJT doi:10.1111/AJT.15669](#) -
6. [Massie AB, et al. AJT 2014;14\(10\): 2310-2316](#) -