



American Society for  
Transplantation and Cellular Therapy

Ms. Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

December 20, 2024

Submitted electronically at [www.regulations.gov](http://www.regulations.gov)

*Re: CMS-1809-P: Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems*

Dear Administrator Brooks-LaSure:

The American Society for Transplantation and Cellular Therapy (ASTCT) is pleased to offer comments on codes for Caregiver Training Services, which were noted as Interim Final Rule with Comment, in the calendar year (CY) 2025 Outpatient Prospective Payment System (OPPS) Final Rule.

ASTCT is a professional membership association of more than 3,900 physicians, scientists and other health care professionals promoting blood and marrow transplantation and cellular therapy through research, education, scholarly publication, and clinical standards. The clinical teams in our society continue to develop and implement clinical care standards that advance the science of cellular and stem-cell-based gene therapies.

ASTCT welcomes the opportunity to discuss these recommendations in more detail or to answer any questions that CMS may have. Please contact Alycia Maloney, ASTCT's Director of Government Relations, at [amaloney@astct.org](mailto:amaloney@astct.org) for any follow-up issues.

A handwritten signature in black ink, appearing to read "C. Cutler", followed by a period.

Corey Cutler, MD, MPH  
President, ASTCT  
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Dana-Farber Cancer Institute  
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## Caregiver Training Services

ASTCT appreciates CMS' recent recognition of the importance of socioeconomic issues and social support structures associated with the care of Medicare beneficiaries. ASTCT members provide therapies for blood cancers and disorders to Medicare patients, which typically requires complex planning and coordination of care—both in the hospital setting and at home—for extended periods of time. CMS' initiation in 2024 of some OPPS and MPFS payment for Principal Illness Navigation (PIN); Social Determinants of Health (SDOH) assessments; Community Health Integration (CHI) services; and, to a limited extent, Caregiver Training Services (CTS) was an important first step towards recognizing that these important services must be appropriately reimbursed if they are to be provided in the manner to which CMS aspires.

CTS is, arguably, the most critical of these services for the success of patients who receive stem cell transplant (SCT) and chimeric antigen receptor T-cell (CAR-T) therapy. These patients are discharged home to their caregiver at clinically critical points in their care journey and their caregivers are responsible for monitoring extremely important aspects of their loved ones' health. In facility-based practices, training caregivers to provide care vital to patient treatment plans requires the time and resources of hospital employees, such as registered nurses (RNs). This cost should be payable to hospitals under the OPPS. If CTS services are to be adopted, it is important that providers not be confused over correct coding, billing, and payment; unfortunately, there is confusion about the payment status for these codes due to the current status indicators.

In the CY 2025 MPFS Final Rule, CMS acknowledged that employed and qualified auxiliary personnel (e.g., non-therapists) such as oncology nurses can perform and bill for all CTS codes. CMS' position reflects the reality of many hospital systems, in which auxiliary personnel deliver physician-ordered CTS based on the clinician's treatment plan and there is the expectation that a caregiver's involvement post-treatment is necessary to ensure successful patient outcomes.

ASTCT's primary concern is that CMS-assigned CTS codes (both the new HCPCS codes released for CY 2025 or the existing CPT® codes released in CY 2024) have status indicator (SI) "A," as shown in Table 1. SI "A" does not align with CMS' recent clarification that hospitals are able to bill and be paid for non-therapist staff such as RNs (i.e., other auxiliary personnel) that perform hospital outpatient department CTS services as ordered and furnished pursuant to treating clinician orders. OPPS payment is necessary to recognize hospital cost for all types of auxiliary personnel who may perform CTS services, such as oncology nurses.



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**Table 1.**

HCPCS Code	Descriptor & Note - Payment for Ancillary Staff allowed in Non-Facility	OPPS SI	OPPS Payment	MPFS Facility POS Payment	MPFS Office POS Payment
97550	Caregiver training 1st 30 min	A		\$44.64	\$52.08
97551	Caregiver training Each Add'l 15 minutes	A		\$23.94	\$25.56
97552	Group caregiver training	A		\$10.35	\$21.99
G0539	Initial care training 30 m	A		\$44.64	\$52.08
G0540	Train for caregiver add 15	A		\$23.94	\$25.56
G0541	No pt prsnt train initial 30	A		\$44.64	\$52.08
G0542	No pt prsnt train add 15	A		\$23.94	\$25.56
G0543	Group train w/o patient	A		\$10.35	\$21.99

CMS describes the SIs assigned to the new HCPCS CTS codes G0539-G0543 as “interim” and is seeking comment on them. In response, ASTCT requests that CMS change the current SI “A” assignment to “S,” similar to what is used for other similar services like PIN and CHI. ASTCT further requests that CMS consider placing these codes in APC 5822, which would enable CMS to have a payment policy that aligns with its written statements (e.g., that appropriate members of a provider’s clinical team should be allowed to provide these services, bill, and get paid for them). In addition to this change, the ASTCT requests that CMS make a technical correction and change the SI “A” assignment to the CTS codes finalized for January 1, 2024 (97550-97553) to status indicator “S.”

**In summary, the ASTCT appreciates CMS’ ongoing attention to the set-up and implementation of CTS codes in both the 2024 and 2025 rule making cycles. We ask CMS to assign SI “S” to the following codes—G0539-43 and 97550-53—so they may all be separately payable under OPPS when provided under a clinician’s order by auxiliary staff.**