ASTCT
American Society for
Transplantation and Cellular Therapy

November 11, 2021

Ms. Marilu Hue
Centers for Medicare and Medicaid Services (CMS)
ICD-10 Coordination & Maintenance Committee

SUBMITTED ELECTRONICALLY TO ICDProcedureCodeRequest@cms.hhs.gov

RE: ICD-10-PCS Table 302 Code Changes Discussed at the September 14, 2021 ICD-10 Coordination & Maintenance Committee Meeting

Ms. Hue and CMS Staff:

The American Society for Transplantation and Cellular Therapy (ASTCT) is requesting a delay in the changes proposed to the ICD-10-PCS 302 Transfusion table in the Addenda of the agenda discussed during the September 14th, 2021 meeting.

The ASTCT is a professional membership association of more than 3,000 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 have been instrumental in developing and implementing clinical care standards and advancing cellular therapy science, including participation in trials that led to current FDA approvals for chimeric antigen receptor T-cell (CAR-T) therapy.

The members of ASTCT have been focused on innovation in the treatment of hematologic malignancies, hematologic disorders, and other immune system diseases, for more than 25 years. A primary focus area in recent years has been the launch of Chimeric Antigen Receptor T-cell therapies, known as CAR T-cell therapy. As CMS knows, CAR T-cell therapy and other novel cellular therapies have required several cycles of ICD-10 coding proposals and discussions to develop a clear framework for code language and placement. The ASTCT would like to thank CMS for their on-going dialogue about CAR-T therapy ICD-10 coding and express our satisfaction with the current coding structure for these therapies.

The ASTCT anticipates several novel gene-edited hematopoietic stem cell gene therapies (HSC gene therapies) in the next few years and expects these will present similar challenges for the ICD-10-PCS coding system. HSC gene therapies are delivered during a stem cell transplant episode of care and thus create a challenge of how to develop codes that are clinically accurate, meaningful to coding professionals and easy to find, while being product-specific – a priority for manufacturers. The discussions during the September meeting on the changes proposed via the Agenda's Addendum related to Table 302 demonstrated a need for further conversation between stakeholders to establish clear, accurate and useful ICD-10-PCS codes for these therapies.

We request that CMS delay acting on the proposed changes until a full public discussion about how HSC gene therapies should be represented in the ICD-10-PCS coding tables can take place. We ask that CMS include the topic as a full proposal with background information and presentation during the March 2022 ICD-10 Coordination & Maintenance Committee meeting.

The ASTCT understands how the complexity and novelty of these technologies may be challenging for non-clinical stakeholders. An ASTCT effort is currently underway to release a white paper for all

stakeholders to use as a reference guide to better understand the cell and gene therapy clinical space. **ASTCT would be pleased to meet with CMS in advance of the March 2022 meeting and share our perspectives on how these therapies can be categorized for purposes of coding.**

Detailed commentary on our rationale for this request can be found in the following sections.

I. CMS Should Bring Forward the Proposed Changes to Table 302 as a Proposal for the March 2022 Meeting

In the Addenda, CMS proposed to create the following four new substance values: 0 for hematopoietic stem/progenitor cells, genetically modified, in vivo gene therapy, and other values one each for genetically modified hematopoietic stem/progenitor cells for "ADA gene therapy", "ARSA gene therapy" and "WASP gene therapy", respectively. CMS also proposed to revise the existing substance value "hematopoietic stem/progenitor cells, genetically modified", to incorporate "genetically modified ex vivo, unspecified gene therapy".

Administration Section
Axis 6 Substance

Genetically Modified Autologous Hematopoietic Stem/Progenitor Cells

Source	Description	Code specification
2021, public request with CMS internal review	In the Administration section, create four new substance values: • 0 Hematopoietic Stem/Progenitor Cells, Genetically Modified, In Vivo Gene Therapy; • D Hematopoietic Stem/Progenitor Cells, Genetically Modified Ex Vivo, ADA Gene Therapy; • E Hematopoietic Stem/Progenitor Cells, Genetically Modified Ex Vivo, ARSA Gene Therapy; and • F Hematopoietic Stem/Progenitor Cells, Genetically Modified Ex Vivo, WASP Gene Therapy, and add to the root operation Transfusion table 302. In addition, revise existing substance value: Revised from C Hematopoietic Stem/Progenitor Cells, Genetically Modified; Revised to C Hematopoietic Stem/Progenitor Cells, Genetically Modified Ex Vivo, Unspecified Gene Therapy These changes enable capture of additional detail for administration of genetically modified autologous hematopoietic stem/progenitor cells.	Add: 302[34]3[0DEF]0 (8 codes) Revise: 302[34]3C0 (2 codes)

CMS did not publish the full September 14, 2021 ICD-10 meeting agenda, with the addenda topics listed, until one business day prior to the start of the meeting. This did not provide sufficient time for ASTCT to circulate the materials to our physician advisors and solicit their input. We were surprised to see the extent of the changes proposed to the 302 Transfusion table, and that such extensive changes were handled as an Addenda topic, without the full proposal and background that is typical of such requests.

The addenda item was listed as "2021, public request with CMS internal review" but clearly applied to a specific set of therapies. During the meeting, when questioned by attendees, CMS clarified the proposal came from a manufacturer. Participants were verbally referred to a presentation from March 2021, but no materials were linked or provided to that presentation alongside the addenda. Additionally, the proposal brought forward by the requestor in September was substantially different than that presented for consideration in March. The prior proposal was to create new codes in Section X (either in XW0 or XW1), and not to modify the existing "hematopoietic stem/progenitor cells, genetically modified" code in the 302 Transfusion table. The ASTCT feels that a change of this magnitude should not be done solely for a single manufacturer without a full public proposal and discussion.

CMS should delay the finalization of any of the proposed changes until a full proposal is put forward and discussed by stakeholders at the public meeting. We urge CMS to release the proposal and the full agenda at least two weeks, preferably 30 days, prior to the meeting date itself. This allows stakeholders, especially professional societies like the ASTCT, whose clinicians require advance scheduling to be able to attend meetings, to be able to participate in the public process. We believe that more participation on this issue is best—from all stakeholders—not only organizations like ASTCT, but also clinicians, researchers, providers, coding professionals, and other manufactures.

II. Technical Concerns with Proposed Changes to Table 302

The ASTCT has several concerns with what was put forward with the Addenda, which may be helpful for CMS to consider as additional reasons why these changes should be delayed and subject to further public discussion and review. The changes proposed would not follow the standard tenants of the current procedure coding system. The substances include references to "ADA gene therapy," "ARSA gene therapy," and "WASP" gene therapy.

- *ARSA* is an abbreviation for the *arylsulfatase A* gene. The therapy for which a code is being pursued is known as atidarsagene autotemcel and is for treatment of Metachromatic Leukodystrophy (MLD).
- *ADA* is an abbreviation for the *adenosine deaminase* gene and the disorder for which the treatment is being pursued is known as ADA-SCID (adenosine deaminase-deficient severe combined immunodeficiency). Orchard is no longer pursuing an ADA-SCID product and thus a future product name is currently unknown.[1]
- *WASP* is an abbreviation for the *Wiskott-Aldrich Syndrome* gene and is synonymous with primary disease that would be treated with this type of gene therapy. The product is currently referred to as OTL-103.[2]

In just these three examples, there is significant variation between the relation of the name of the disease, the name of the relevant gene and the name of the therapeutic product. Utilizing nomenclature of this sort would require information that may not even be available in the documentation – the name of the gene causing a particular diagnosis – and it also integrates diagnosis into the ICD-10-PCS system in a way that has not been done before.

If the requesting organization's desire is for product-specific codes, this nomenclature will not serve that purpose. If another manufacturer advances a therapy aimed at the correction of the same gene, both

[1] Orchard Therapeutics' Securities and Exchange Commission filing, May 28, 2021
[2] Gene Therapy for Wiskott-Aldrich Syndrome; Clinicaltrials.gov NCT01515462 (Accessed October 24, 2021)

products would fit the proposed coding description and would be indistinguishable based on ICD-10-PCS code without further information. If we assume that CMS would utilize this coding structure as precedent for future HSC gene therapies, there will be multiple conflicts across both products and disease states. Both sickle cell anemia and beta-thalassemia, for example, are caused by mutations in the *hemoglobin beta (HBB)* gene and each disease state has several manufacturers pursuing different variations of gene therapies to treat them. The ASTCT understands the desire for product-specific codes. We are broadly supportive of product visibility; whether through Section X product-specific ICD-10-PCS codes, where appropriate, or through the reporting of other product identifiers, such as HCPCS or NDC codes on claims. Given that ICD-10-PCS product visibility is typically obtained by placement in the Section X New Technology tables, we encourage CMS to request input as to whether HSC gene therapies should be mapped to the XW0 or XW1 tables.

III. CMS Should Remove the Proposed "0 Hematopoietic Stem/Progenitor Cells, Genetically Modified, *In Vivo* Gene Therapy" Code from Consideration

While we request that CMS put forward a full proposal and presentation in the March 2022 meeting, we also request that CMS remove the proposed *in vivo* gene therapy code from consideration. The reason for this request is simple: we do not feel that an *in vivo* code is appropriate for the 302 table. The Transfusion table has a root operation definition of "blood or blood products". *In vivo* gene therapy products are not comprised of hematopoietic stem cells or other blood or blood products. *In vivo* gene therapies consist of the infusion or injection of a virus or a nanoparticle carrying a therapeutic gene.

We do feel it may be important to differentiate between types of therapies and are supportive of the addition of *ex vivo* to the substance description of the original "genetically modified hematopoietic stem cells" code. But while we understand CMS' interest in balancing the *ex vivo* language with *in vivo* codes, those substances would need to be placed in other tables. They may be more appropriately located in the 3E0 introduction table, or in the XW0 New Technology introduction table. There are several types of *in vivo* gene therapies so it may be useful for CMS to present draft codes for those therapies as a separate proposal if interested.

The ASTCT wishes to express its appreciation for the opportunity to provide these comments on the Addenda proposal for changes to the 302 Transfusion table as put forward at the September 14, 2021 ICD-10 Coordination & Maintenance Committee meeting. **We reiterate our request that future meeting materials, including the full agenda, are made available at least two weeks, and preferably 30 days, prior to any ICD-10-PCS meeting.** We would welcome the opportunity to discuss our comments in more detail or to answer any questions you may have. Please contact Alycia Maloney, ASTCT Director of Government Relations, at amaloney@astct.org for any follow up issues.

Sincerely,

Stella M Davies, MBBS, PhD, MRCP
President, ASTCT