

# Executive Summary

ASTCT appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services (CMS) regarding the FY 2027 Inpatient Prospective Payment System (IPPS) Proposed Rule. Following is a summary of our requests from this letter.

## 1. MS-DRG 018: Chimeric Antigen Receptor (CAR) T-Cell and Other Immunotherapies

- ASTCT supports the proposal to continue the modified payment and rate-setting methodology for MS-DRG 018, including use of an adjustor for applicable clinical trial, expanded access, and other cases with no product cost.
- ASTCT requests that CMS consider ways to improve the base payment for MS-DRG 018 as part of its analysis of stakeholder feedback related to future payment for cell and gene therapies and identify which potential solutions are of most interest to the agency so interested parties can assist the agency with analysis.
- ASTCT urges CMS to examine splitting out cellular therapies from the pharmacy cost center as the agency appears to view these therapies differently from all other drugs in the Drugs and Cellular Therapies cost center.

## 2. MS-DRG 014: Allogeneic Bone Marrow (Stem Cell) Transplantation

- ASTCT appreciates CMS' continued guidance to providers clarifying that revenue code 0815 charges are excluded from rate-setting, consistent with the statute requiring that donor search and cell acquisition costs be reimbursed through CMS' reasonable cost methodology in the cost report.

## 3. MS-DRGs 016 and 017: Autologous Bone Marrow Transplant with and without CC/MCC— The Urgent Need for a Dedicated Gene Therapy MS-DRG

- ASTCT supports CMS' proposal to extend NTAP for FY 2027 for the gene therapies indicated for sickle cell disease.
- ASTCT urges CMS to begin active work on an alternative payment mechanism well in advance of the FY 2028 rulemaking cycle since leaving HSC gene therapies assigned to MS-DRGs 016 and 017 is not an appropriate long-term payment solution. One solution CMS should explore is developing a dedicated MS-DRG structure for all gene therapies, given the homogeneity of the product prices and how exceptional these cases are from the rest of those within IPPS.



- ASTCT requests CMS consider an alternative claims volume threshold for creating new MS-DRGs for inherently low volume treatments, like gene therapies. In relation to this, ASTCT also asks that CMS review and share volume and charge statistics (in alignment with data standards) for gene therapy cases paid by IPPS in the most recent year of claims data. The data currently available in MedPAR is two years old and will likely have very few cases given the FDA approval timing of these products; more recent data should be made available so stakeholders can help provide CMS future with MS-DRG modification options ahead of the request deadline in October.
- 4. FY 2029 Rate-Setting Methodology**
- ASTCT strongly urges CMS to repeal the market-based MS-DRG methodology based on CMS' own comments in CY 2026 OPSS final rule that *"the vast majority of stakeholders were opposed to the proposals"*.<sup>1</sup>
  - ASTCT is concerned that the FY 2027 IPPS proposed rule contains no discussion of the market-based MS-DRG relative weight methodology finalized in the CY 2026 OPSS final rule. ASTCT requests that CMS include a full summary of the final decision from the CY 2026 OPSS final rule, including commenter concerns, along with any substantive updates since the publication of that rule.
  - ASTCT requests that CMS consider alternatives to the market-based rate-setting methodology suggested by stakeholders, including a study of the claims that hospitals submit to their Medicare Administrative Contractors for MA patients (i.e. shadow claims) so that CMS can understand the full scope of costs of delivering care to all Medicare beneficiaries.
- 5. Clarification and Codification of Cost Allocation Principles**
- ASTCT requests that if the current proposal is finalized, it only applies to cost reporting periods beginning on or after October 1, 2026, and that prior periods are not subject to audit or adjustment.

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<sup>1</sup> CY 2026 OPSS Final Rule, FR 54020. Published November 25, 2025.

