



Coalition for 21st Century Medicine

Session 1: CY2016 CLFS Preliminary Determinations

Advisory Panel on CDLTs

October 19, 2015

CMS Should Gapfill MAAA Codes



Crosswalking is appropriate when “a new test is comparable to an existing test, multiple existing test codes, or a portion of an existing test code.” 42 CFR 414.508(a)

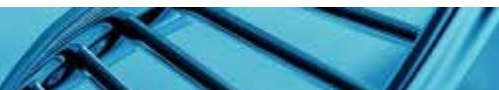
No code on the CLFS describes a test that is comparable to the MAAA tests under consideration for the CY2016 CLFS

- AMA CPT created the MAAA section of the CPT code book because of the unique nature of these tests requiring each to receive a distinct code**
- AMA CPT did not believe these MAAA tests could be billed using existing codes on the CLFS**
- No codes on CLFS are comparable for which crosswalk would be appropriate**

MAAA Codes for CY2016 CLFS



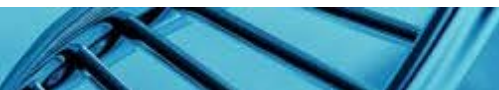
Code	Descriptor	Advisory Panel Recommendation August 26, 2015	C21 Recommendation
81490	Autoimmune (rheumatoid Arthritis) analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Gapfill	Gapfill
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	Gapfill	Gapfill
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	Gapfill	Gapfill
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	Gapfill	Gapfill
+81536	+ Each additional single drug or drug combination (List separately in addition to code for primary procedure)	Gapfill	Gapfill
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Gapfill	Gapfill
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	Gapfill	Gapfill
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Gapfill	Gapfill
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	Gapfill	Gapfill



CMS Precedent is Gapfill for MAAA Codes



- **CMS has previously recognized that each MAAA is unique, and concluded that there is no appropriate analog on the CLFS upon which to base a payment determination.**
- **Contractors have established procedures to review data consistent with gapfilling criteria when establishing rates.**
- **In addition, the CMS Advisory Panel on CDLTs recommended that CMS determine payment amounts for the MAAs using a gapfilling methodology at its inaugural meeting on August 26th**



C21 Recommendation

A stylized DNA double helix structure is visible in the top right corner of the slide, set against a blue background.

The Coalition for 21st Century Medicine recommends that the Panel affirm its recommendation of August 26, 2015, to establish payment amounts for these aforementioned 9 MAAA codes through a gapfill methodology