

ASBMT Autologous CAR-T Coding Guidance

Autologous CAR-T Coding Options Review Draft	Inpatient Facility Reporting*		Outpatient Facility Reporting				Physician Reporting			
	ICD-10-PCS Codes	Description	CPT or HCPCS Codes	Description	Notes/Considerations	Payment Implications	CPT or HCPCS Codes	Description	Notes/Considerations	Payment Implications
COLLECTION	6A550Z1	Pheresis of Leukocytes, Single	Recommended: 38999	Unlisted procedure, hemic or lymphatic system	The ASBMT has assessed that 38999 is the most appropriate code to report as no other code accurately describes the service being performed. This will require additional levels of communication with payers to utilize.	Medicare typically assigns unlisted codes to the lowest paying APC in the applicable APC range. For commercial payers, providers should refer to contracted rates.	Recommended: 38999	Unlisted procedure, hemic or lymphatic system	The ASBMT has assessed that 38999 is the most appropriate code to report as no other code accurately describes the service being performed. This will require additional levels of communication with payers to utilize.	Unlisted codes are manually priced by the Medicare Carrier based on a written explanation of the service and a code to cross-walk to for payment purposes; CPT code 38206 is a possibility with an explanation that the service performed is collection of cells for engineered autologous chimeric antigen receptor T-cell immunotherapy infusion
	6A551Z1	Pheresis of Leukocytes, Multiple	36511	Therapeutic apheresis; for white blood cells	Code use constrained by the Medicare National Coverage Decision (NCD 110.14)	OPPS/APC payment available if code deemed appropriate for use	36511	Therapeutic apheresis; for white blood cells	Code use constrained by the Medicare National Coverage Decision (NCD 110.14)	N/A
			38206	Blood derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	Code use is questionable due to "HPC" and "transplant" in service description. Authoritative guidance needed that would allow the use of this code for collection of cells for CAR-T until a more specific code is available.	OPPS/APC payment available if code deemed appropriate for use	38206	Blood derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous.	Code use is questionable due to "HPC" and "transplant" in service description. Authoritative guidance needed that would allow the use of this code for collection of cells for CAR-T until a more specific code is available.	Status Code "R" assigned under the MPFS which indicates restricted coverage. MPFS payment may only be available if the code is considered covered per NCD 110.23
CELL PROCESSING (e.g., freezing, thawing etc.)	N/A	Charges reported using revenue codes	Recommended: 38999	Unlisted procedure, hemic or lymphatic system	The ASBMT has assessed that 38999 is the most appropriate code to report as no other code accurately describes the service being performed. This will require additional levels of communication with payers to utilize.	Medicare typically assigns unlisted codes to the lowest paying APC in the applicable APC range. For commercial payers, provider should refer to contracted rates.	The Physician Fee Schedule does not price these HCPCS code(s) but other payers may provide reimbursement.			
			38207-38215	Transplant preparation of hematopoietic progenitor cells; Cryopreservation; thawing through cell concentration 9 CPT codes available for various cell processing steps	Code use questionable due to "HPC" and "transplant" in service description. Authoritative guidance needed that would allow the use of these codes for CAR T cell processing services until more specific codes are available.	OPPS/APC payment available				

* Groups to the MS-DRG assigned to the inpatient stay. MS-DRG assignment is based on the reported diagnoses and procedures. Likely MS-DRGs that could be assigned include 837-839, 376, and 539 but others are also possible.

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	ICD-10-PCS Codes	Description	CPT/HCPCS Codes	Description	Notes/Considerations	Payment Implications	CPT/HCPCS Codes	Description	Notes/Considerations	Payment Implications
INFUSION	XW033C3 XW043C3	Introduction, Peripheral Vein Engineered Autologous Chimeric Antigen Receptor T Cell Immunotherapy Introduction, Central Vein Engineered Autologous Chimeric Antigen Receptor T Cell Immunotherapy	Recommended: 38999	Unlisted procedure, hemic or lymphatic system	The ASBMT has assessed that 38999 is the most appropriate code to report as no other code accurately describes the service being performed. This will require additional levels of communication with payers to utilize.	Medicare typically assigns unlisted codes to the lowest paying APC in the applicable APC range. For commercial payers, provider should refer to contracted rates.	Recommended: 38999	Unlisted procedure, hemic or lymphatic system	The ASBMT has assessed that 38999 is the most appropriate code to report as no other code accurately describes the service being performed. This will require additional levels of communication with payers to utilize.	Unlisted codes are manually priced by the Medicare Carrier based on a written explanation of the service and a code to cross-walk to for payment purposes; CPT code 38241 is a possibility with the explanation that the service performed is an infusion of engineered autologous chimeric antigen receptor t-cells
			S2107	S2107 = Adoptive immunotherapy i.e., development of specific anti-tumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	Code not recognized by Medicare; Commercial payers may use this code as a trigger for payment.	Payment based on commercial payer contracts.	S2107	S2107 = Adoptive immunotherapy i.e., development of specific anti-tumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	Code not recognized by Medicare; Commercial payers may use this code as a trigger for payment.	Payment based on commercial payer contracts.
			38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Code use questionable due to "HPC" and "transplant" in service description. Authoritative guidance needed that would allow this code for reporting the infusion of cells for CAR-T until a more specific code is available.	OPPS/APC payment available if code deemed appropriate for use	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Code use questionable due to "HPC" and "transplant" in service description. Authoritative guidance needed that would allow this code for reporting the infusion of cells for CAR-T until a more specific code is available.	Status Code "R" assigned under the MPFS which indicates restricted coverage. MPFS payment may only be available if the code is considered covered per NCD 110.23
			38242	Allogeneic lymphocyte infusion	Code use constrained due to donor origin of cells referenced in the service description. Use of the code would require authoritative guidance indicating it can be used to report the infusion of CAR-T until a more specific code is available.	OPPS/APC payment available if code deemed appropriate for use	38242	Allogeneic lymphocyte infusion	Code use constrained due to donor origin of cells referenced in the service description. Use of the code would require authoritative guidance indicating it can be used to report the infusion of CAR-T until a more specific code is available.	MPFS payment available if code is authorized for use
			96413 96415 96409 96411	Chemotherapy intravenous infusion, single or initial substance Each add'l hour Chemotherapy, intravenous push, single or initial substance Each add'l IV push	The CPT book section title states, "chemotherapy and other highly complex drug or highly complex biologic agents administration" Use of these codes would require authoritative guidance indicating they can be used to report the administration of CAR-T until more specific code(s) are available.	OPPS/APC payment available if codes deemed appropriate for use	96413 96415 96409 96411	Chemotherapy intravenous infusion, single or initial substance Each add'l hour Chemotherapy, intravenous push, single or initial substance Each add'l IV push	The CPT book section title states, "chemotherapy and other highly complex drug or highly complex biologic agents administration" Use of these codes would require authoritative guidance indicating they can be used to report the administration of CAR-T until more specific code(s) are available.	Physicians are not allowed to report these codes in the facility setting. This means facility-based physicians would be unable to receive RVU credit/payment in either the inpatient or outpatient setting if these infusion/injection administration codes are billed for the administration of CAR T.

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	Revenue Code	Description/Notes	HCPCS Product Code	Payment Implications	Revenue Code	Description/Notes	HCPCS Product Code	Payment Implications
PRODUCT REPORTING TO MEDICARE	0250 - Pharmacy (includes drugs and biologicals)	The charge for the product (i.e., the drug) is <u>typically</u> reported <u>without</u> a HCPCS code under revenue code 0250 on inpatient Medicare claims.	N/A	No separate payment The charges are used to determine if an outlier payment is warranted and used in future rate-setting.	0636 - Pharmacy (includes drugs and biologicals)	0636 - HCPCS codes required	C9399 & NDC until a product specific HCPCS code (i.e., J-code or other code) is assigned.	C9399 + NDC = payment based on 95% of AWP until a product specific HCPCS code (i.e., J-code or other code) is assigned, which would generate ASP + 6% reimbursement.
PRODUCT REPORTING TO MEDICAID	0250 - Pharmacy (includes drugs and biologicals) Or 0636 - Pharmacy (includes drugs and biologicals)	The charge for the product (i.e., the drug) is <u>typically</u> reported <u>without</u> a HCPCS code under revenue code 0250 on inpatient Medicaid claims.	N/A	Depends on the Medicaid Program	0636 - Pharmacy (includes drugs and biologicals)	0636 - HCPCS codes required	C9399 & NDC until a product specific HCPCS code (i.e., J-code or other code) is assigned or other codes such as J9999 or J3490 may be required	Depends on the Medicaid Program
PRODUCT REPORTING TO COMMERCIAL PAYERS	0250 - Pharmacy (includes drugs and biologicals) Or 0636 - Pharmacy Per Payer Contract (includes drugs and biologicals)	Depends on commercial contracts	With Revenue Code 0636, report C9399 & NDC until a product specific HCPCS code (i.e., J-code such as J9999, J3490, etc.) is assigned or alternate codes as indicated per payer contracts.	Depends on commercial contracts or out-of-network payment	0636 - Pharmacy (includes drugs and biologicals)	0636 - HCPCS codes required	With Revenue Code 0636, report C9399 & NDC until a product specific HCPCS code (i.e., J-code such as J9999, J3490, etc.) is assigned or alternate codes as indicated per payer contracts.	Depends on commercial contracts or out-of-network payment

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