

Coding Options for Administration of Autologous CAR-T CY Updated as of January 1, 2021

Autologous CAR-T Cell Collection and Cell Processing Coding Options	Inpatient Claim - Facility Reporting and Payment Implications*			Outpatient Claim - Facility Reporting and Payment Implications					Physician Claim - Professional Services Reporting and Payment Implications			
	ICD-10-PCS Codes	Revenue Codes for Charges**	Description	CPT or HCPCS Codes	Revenue Codes for Charges***	Description	Medicare Payment Implications	Medicaid and Commercial Payment Implications	CPT or HCPCS Codes	Description	Medicare Payment Implications	Medicaid and Commercial Payment Implications
COLLECTION	6A550Z1	0871	Pheresis of Leukocytes, Single	0537T	0871	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	OPPS Status Indicator "B" assigned. CMS' Special Editon Article SE 19009 (an update to April 2019 OPPS Update Transmittal 4255) provides guidance on the reporting of this service and it's charges on either outpatient or inpatient claims.	Commercial & Medicaid payers are likely to accept the code, but this can vary by payer. Outreach is important; contact your payer to determine if they will require/accept the code and determine how payment will be determined.	0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	MPFS status code "B" means <u>bundled</u> (different from OPPS "B"). This means there is an expectation that another separately payable service reported with a CPT code would be performed and billed on the day of cell collection and that this cell collection code is bundled into the other service. Providers need to determine what that service is (i.e., an E/M, central line placement, etc.) and submit codes for services that are provided and documented accordingly. Reporting of the code, even if not paid separately, will assist with future payment policies for these codes.	Commercial & Medicaid payers are likely to accept the code but this can vary by payer. Contact your payer to determine if they will require/accept the code and how payment will be determined.
	6A551Z1	Charge for this service may be reported on the inpatient claim	Pheresis of Leukocytes, Multiple									
CELL PROCESSING (e.g., freezing, thawing etc.)	N/A	0872	Cell processing services when sending cells to the manufacturer	0538T	0872	Preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	OPPS Status Indicator "B" assigned. CMS' Special Editon Article SE 19009 (an update to April 2019 OPPS Update Transmittal 4255) provides guidance on the reporting of this service and it's charges on either outpatient or inpatient claims.	Commercial & Medicaid payers are likely to accept the code, but this can vary by payer. Outreach is important; contact your payer to determine if they will require/accept the code and determine how payment will be determined.	0538T	Preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	MPFS status code "B" and the "Non-facility NA indicator" means this service is rarely performed in the office setting and likely all work effort is facility work for the lab processing service.	N/A as this code is not likely to have physician work effort to report on professional claims.
		0873	Cell processing services when receiving cells from the manufacturer									

*If collection occurs in the inpatient setting during the same stay as the administration of CAR-T, then MS-DRG 018 will be assigned based on the presence of a CAR-T administration ICD-10-PCS procedure code.

** If collection and cell processing to send to manufacturer are reported on an inpatient Medicare claim, report the date of service as the date of cell administration per SE 19009 from CMS at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19009.pdf>

***If collection and cell processing charges are billed on the outpatient Medicare claim, the charges will reject, but CMS is tracking them. Alternatively, charges may be held and reported with the cell administration date of service on the inpatient claim when cell administration is performed and billed on an inpatient claim to Medicare per SE 19009 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19009.pdf>

Note 1: Do not report unlisted code 38999 for cell collection or cell processing services now that more specific codes are available - see the National Correct Coding Initiative (NCCI) edit manual

Note 2: New revenue codes have been in place since April 1, 2019 for reporting cell collection and cell processing services; see the National Uniform Billing Committee (NUBC) manual: <http://www.nubc.org/subscriberonly/PDFs/Cell%20Therapy%20Changes%20August%202018.pdf>; All providers and payers have to use the new codes per the HIPAA transaction code set regulation.

DISCLAIMER: This information was obtained from third-party sources and is subject to change at any time without notice, including as a result of changes in coding, reimbursement, laws, regulations, rules, and policies. Content is informational only, and does not cover all situations or all payers' rules or policies. This document represents no promise or guarantee by ASTCT regarding coverage or reimbursement. The ultimate responsibility for coding and claims submissions lies with the physician, clinician, hospital, and/or other facility. Providers should consult their payers and check bulletins, manuals, program memoranda, and guidelines to ensure compliance with requirements.