### Coding Options for Administration of Allogeneic CAR-T

<table>
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<tr>
<th>HCPCS Code</th>
<th>Description</th>
<th>Recommended for Charges</th>
<th>Inpatient Claim - Facility Reporting and Payment Implications</th>
<th>Outpatient Claim - Facility Reporting and Payment Implications</th>
<th>Physician Claim - Professional Services Reporting and Payment Implications</th>
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<tr>
<td>0874</td>
<td>Introduction of Autologous Engineered Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein (or Central) Percutaneous Approach, New Technology Group 7</td>
<td>0874</td>
<td>38999 for autologous CAR-T product</td>
<td>NCCI</td>
<td>CA1515</td>
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#### Notes

1. **Revenue Codes for Charges**
   - **38999**: 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: Transmittal R10360CP, effective Oct 5, 2020. This can be found at: http://www.nubc.org/subscribersonly/PDFs/Cell%20Therapy%20Changes%20August%202018.pdf

2. **Recommended Procedure**
   - Medicare typically assigns unlisted codes to the lowest paying APC in the applicable APC range. 38999 is a non-specific CPT code that describes the administration of any allogeneic CAR-T product.

3. **Medicare Considerations and Payment Implications**
   - Medicare assigns a single payment rate per the HIPAA transaction code set regulation. A single payment rate for all Medicare CAR-T products allows providers to bill Medicare for the administration of all CAR-T products.

4. **Commercial Considerations and Payment Implications**
   - Commercial payers and providers may choose to pay based on the reimbursement methodology used by their managed care organization (MCO). Common methodologies may include tiered pricing and risk-sharing arrangements. Providers should review their contracts to determine any specific methodology for reimbursement of CAR-T products.

5. **HIPAA Considerations and Payment Implications**
   - All payers and providers must follow HIPAA code sets and guidelines. NCCI edit guidelines are part of HIPAA transaction code sets. For commercial payer or State Medicaid inpatient payment, providers need to check their contracts or agreements. For commercial payer or State Medicaid outpatient payment, providers need to check their contracts or agreements.

6. **References**
   - Guidelines and policies are subject to change. It is important to stay informed and check for updates on coding, reimbursement, exclusions, limitations, and guidelines.

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**DISCLAIMER**: This information was obtained from third-party sources and is subject to change at any time without notice, hence it is important to check with your local payer, payer association, or website for the most current information. Providers should consult their payers and check bulletins, manuals, program memoranda, and guidelines to ensure compliance with requirements.