

Coding Options for Administration of Autologous CAR-T for CY 2019

Coding Options for Reporting Administration of Autologous CAR-T	Inpatient Facility Reporting*			Outpatient Facility Reporting				Physician Reporting				
	ICD-10-PCS Codes	Description	Revenue Codes for Charges**	CPT/HCPCS Codes	Revenue Codes for Charges***	Description	Medicare Payment Implications	Commercial Payment Implications	CPT/HCPCS Codes	Description	Medicare Considerations and Payment Implications	Commercial Payment Implications
	XW033C3	Introduction, Peripheral Vein Engineered Autologous Chimeric Antigen Receptor T Cell Immunotherapy	0874	0540T	0874	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	<p>OPPS Indicator = "S" ("significant procedure") Placed in APC 5694 with a national payment of \$288.38</p> <p>While assigned a payment rate in the 2019 OPPS Final Rule, providers should still reach out to their MACs to confirm the code will be allowed/recognized, as the MAC may have a local policy that limits usage or applies edits to Category III codes.</p>	<p>Providers should contact their commercial payers and share this information to ensure the code is accepted as part of their contract</p>	0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	<p>Recognized as a carrier priced service as designated by status code "C" in the MPFS. Category III codes are manually priced by the MAC based on a written explanation of the service and usually a code provided by the clinician as a reasonable proxy to cross-walk to for payment purposes; CPT code 38241 is a possible cross-walk code choice if the clinician feels CAR-T administration requires similar resource utilization as autologous hematopoietic progenitor cell (HPC) transplantation; if not, then a different code/service will need to be provided to the MAC</p> <p>Despite being deemed carrier priced, providers will need to reach out to their MACs to confirm the code will be allowed/recognized, as the MAC may have a local policy that that limits usage or applies edits to Category III codes.</p>	<p>Providers should contact their commercial payers and share this information to ensure the code is accepted as part of their contract</p>
XW043C3	Introduction, Central Vein Engineered Autologous Chimeric Antigen Receptor T Cell Immunotherapy	0874										

* Groups to MS-DRG 016 for inpatient CAR-T administration based on the reporting of an ICD-10-PCS procedure code.

Note 1: Can no longer report unlisted code 38999 or a chemotherapy infusion code or any other code for the administration of CAR-T now that more specific codes are available - see the National Correct Coding Initiative (NCCI) edit manual

Note 2: New revenue codes available April 1, 2019 for reporting administration of CAR-T (separate one for infusion vs. injection); see the National Uniform Billing Committee (NUBC) manual: <http://www.nubc.org/subscribersonly/PDFs/CeI%20Therapy%20Changes%20August%202018.pdf>; All providers and payers have to use the new codes per the HIPAA transaction code set regulation.

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