

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

Autologous CAR-T Cell Collection and Cell Processing Coding Options	Inpatient Facility Reporting*			Outpatient Facility Reporting					Physician Reporting			
	ICD-10-PCS Codes	Description	Revenue Codes for Charges**	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	Pheresis of Leukocytes, Single	0871	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' April 2019 OPPS Update Transmittal 4255 provides more guidance on the reporting of this service and it's charges on outpatient as well as 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	Pheresis of Leukocytes, Multiple										
CELL PROCESSING (e.g., freezing, thawing etc.)	N/A	Cell Processing Charges reported when sending cells to manufacturer	0872	0538T	0872	Preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	OPPS Status Indicator "B" assigned. CMS' April 2019 OPPS Update Transmittal 4255 provides more guidance on the reporting of this service and it's charges on outpatient as well as 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.
		Cell Processing Charges reported when receiving cells from manufacturer	0873	0539T	0873	Receipt and preparation of CAR-T cells for administration	OPPS Status Indicator "B" assigned. CMS' April 2019 OPPS Update Transmittal 4255 provides more guidance on the reporting of this service and it's charges on outpatient as well as 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.	0539T	Receipt and preparation of CAR-T cells for administration	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.

*If collection occurs in the inpatient setting during the same stay as the administration of CAR-T, then MS-DRG 016 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 SE19009 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 SE19009 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19009.pdf>

Note 1: Can no longer 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 available April 1, 2019 for reporting cell collection and cell processing services; see the National Uniform Billing Committee (NUBC) manual: <http://www.nubc.org/subscribersonly/PDFs/Cell%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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