

Autologous CAR-T Cell Collection and Cell Processing Coding Options	Inpatient Claim - Facility Reporting and Payment Implications <sup>1</sup>			Outpatient Claim - Facility Reporting and Payment Implications				Physician Claim / Facility POS - Professional Services Reporting and Payment Implications		
	ICD-10-PCS Codes	Revenue Codes for Charges <sup>2</sup>	Description	CPT or HCPCS Codes	Revenue Codes for Charges	Description	Billing and Payment Implications <sup>3</sup>	CPT or HCPCS Codes	Description	Billing and Payment Implications
<b>COLLECTION</b>	6A550Z1	0871	Pheresis of Leukocytes, Single	38225 (Effective 1/1/2025)	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	Medicare OPPS Status Indicator (SI) "B" assigned which means the item/service is not separately payable but an alternate code may be available. CMS' Special Editon Article SE 19009 provides guidance on the reporting of this service and its charges on either outpatient or inpatient claims. <sup>4</sup>	38225 (Effective 1/1/2025)	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 SI "B"). This means there is an expectation that another separate service reported with a payable 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. <sup>5</sup>
	6A551Z1	Charge for this service may be reported on the inpatient claim	Pheresis of Leukocytes, Multiple	0537T (Removed 12/31/2024)			For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.	0537T (Removed 12/31/2024)		For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.
<b>CELL PROCESSING</b> (e.g., freezing, thawing etc.)	N/A	0872	Cell processing services when sending cells to the manufacturer	38226 (Effective 1/1/2025)	0872	Preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage)	Medicare OPPS SI "B" assigned which means the item/service is not separately payable but an alternate code may be available. CMS' Special Editon Article SE 19009 provides guidance on the reporting of this service and its charges on either outpatient or inpatient claims. <sup>4</sup>	38226 (Effective 1/1/2025)	Preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage)	MPFS status code "B" and a "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. <sup>5</sup>
		0873	Cell processing services when receiving cells from the manufacturer	0538T (Removed 12/31/2024)			For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.	0538T (Removed 12/31/2024)		For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.
		0873	Charge for this service may be reported on the inpatient claim	38227 (Effective 1/1/2025)	0873	Receipt and preparation of CAR-T cells for administration	Medicare OPPS SI "B" assigned which means the item/service is not separately payable but an alternate code may be available. CMS' Special Editon Article SE 19009 provides guidance on the reporting of this service and its charges on either outpatient or inpatient claims. <sup>4</sup>	38227 (Effective 1/1/2025)	Receipt and preparation of CAR-T cells for administration	MPFS status code "B" and a "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. <sup>5</sup>
				0539T (Removed 12/31/2024)			For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.	0539T (Removed 12/31/2024)		For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.

<sup>1</sup> 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.

<sup>2</sup> When collection and cell processing for shipment to the manufacturer are reported on an inpatient Medicare claim, the date of service should be reported 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>

<sup>3</sup> 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/mlnmatters/articles/downloads/se19009.pdf>

<sup>4</sup> See the OPPS status indicators descriptions for additional details on status indicator "B"- [http://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/cms1392fc\\_addendum\\_d1.pdf](http://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/cms1392fc_addendum_d1.pdf)

<sup>5</sup> See the MPFS status code descriptions for additional details on status code "B"- <https://www.cms.gov/status-indicators>

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: <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-nci-edits/medicare-nci-policy-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: <https://www.nubc.org/system/files/media/file/2020/02/Cell-Gen%20Therapy%20Code%20Changes.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.