

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
	COLLECTION	6A550Z1 6A551Z1	0871 Charge for this service may be reported on the inpatient claim	Pheresis of Leukocytes, Single Pheresis of Leukocytes, Multiple	38225 (Effective 1/1/2025) 0537T (Removed 12/31/2024)	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 Edition Article SE 19009 provides guidance on the reporting of this service and its charges on either outpatient or inpatient claims. <sup>4</sup>  For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.	38225 (Effective 1/1/2025) 0537T (Removed 12/31/2024)	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
CELL PROCESSING (e.g., freezing, thawing etc.)	N/A	0872 Charge for this service may be reported on the inpatient claim	Cell processing services when sending cells to the manufacturer	38226 (Effective 1/1/2025) 0538T (Removed 12/31/2024)	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 Edition Article SE 19009 provides guidance on the reporting of this service and its charges on either outpatient or inpatient claims. <sup>4</sup>  For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.	38226 (Effective 1/1/2025) 0538T (Removed 12/31/2024)	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>  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	Cell processing services when receiving cells from the manufacturer	38227 (Effective 1/1/2025) 0539T (Removed 12/31/2024)	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 Edition Article SE 19009 provides guidance on the reporting of this service and its charges on either outpatient or inpatient claims. <sup>4</sup>  For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.	38227 (Effective 1/1/2025) 0539T (Removed 12/31/2024)	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>  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/mlnmattersarticles/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/hospitaloutpatientps/downloads/cms1392f\\_c\\_dddendum\\_d1.pdf](http://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientps/downloads/cms1392f_c_dddendum_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-ncci-edits/medicare-ncci-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-Gene%20Therapy%20Code%20Changes.pdf>. All providers and payers have to use the new codes per the HIPAA transaction code set regulation.

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