	Inpatient Claim - Facility Reporting and Payment Implications[1]			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[2]	Description	CPT/HCPCS Codes	Revenue Codes for Charges[2]	Description	Payment Implications	CPT/HCPCS Codes	Description	Payment Implications
Coding Options for Reporting Administration of Autologous CAR-T	XW033C7 or XW043C7	0874	Introduction of Autologous Engineered Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein (or Central) Percutaneous Approach, New Technology Group 7 (Used for an autologous CAR-T product, such as those currently under trial, where there is no product-specific ICD-10-PCS code to describe the product)	38228 (Effective 1/1/2025)[3] *0540T (Removed 12/31/2024)*	0874	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Medicare OPPS Status Indicator (SI) = "S" ("significant procedure") which signifies separate APC payment; the code is assigned to APC 5694. For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.	38228 (Effective 1/1/2025)[3] *0540T (Removed 12/31/2024)*	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Assigned status code "A" in the Medicare PFS, meaning the service receives separate payment and is assigned RVUs.[5] For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.
	XW033J7 or XW043J7		Introduction of Tisagenlecleucel Immunotherapy into Peripheral Vein (or Central), Percutaneous Approach, New Technology Group 7							
	XW033H7 or XW043H7		Introduction of Axicabtagene Ciloleucel Immunotherapy into Peripheral Vein (or Central), Percutaneous Approach, New Technology Group 7							
	XW033M7 or XW043M7		Introduction of Brexucabtagene Autoleucel Immunotherapy into Peripheral Vein (or Central), Percutaneous Approach, New Technology Group 7							
	XW033N7 or XW043N7		Introduction of Lisocabtagene Maraleucel Immunotherapy into Peripheral Vein (or Central), Percutaneous Approach, New Technology Group 7							
	XW033K7 or XW043K7		Introduction of Idecabtagene Vicleucel Immunotherapy into Peripheral Vein (or Central), Percutaneous Approach, New Technology Group 7							
	XW033A7 or XW043A7		Introduction of Ciltacabtagene Autoleucel into Peripheral Vein (or Central), Percutaneous Approach, New Technology Group 7							
	XW0338A or XW0438A		Introduction of Obecabtagene Autoleucel into Peripheral Vein (or Central), Percutaneous Approach, New Technology Group 10							
Coding Options for Reporting Administration of Allogeneic CAR-T	XW033G7 or XW043G7	0874	Introduction of Allogeneic Engineered Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein (or Central), Percutaneous Approach, New Technology Group 7 (Used to describe the administration of any allogeneic CAR-T product)	**Recommended:** 38999[4]	0874	Unlisted procedure, hemic or lymphatic system	Medicare typically assigns unlisted codes to the lowest paying APC in the applicable APC range. All payers and providers must follow HIPAA code sets and guidelines. AMA/CPT codes and guidelines are part of HIPAA transaction code sets. Because 38999 is a non-specific CPT code, other payers may request additional information. Providers should refer to their contracts.	**Recommended:** 38999[4]	Unlisted procedure, hemic or lymphatic system	Medicare typically assigns unlisted codes to the lowest paying APC in the applicable APC range. All payers and providers must follow HIPAA code sets and guidelines. AMA/CPT codes and guidelines are part of HIPAA transaction code sets. Because 38999 is a non-specific CPT code, other payers may request additional information. Providers should refer to their contracts.

[1] *For Medicare, MS-DRG 018 is assigned for inpatient CAR-T administration based on reporting a CAR-T administration ICD-10-PCS procedure code. A payment adjustment will be applied to claims that group to MS-DRG 018 and include ICD-10-CM diagnosis code Z00.6 or when there is expanded access use of immunotherapy. However, when the provider incurs a cost for the CAR T-cell therapy product and the case involves a clinical trial of a different product, the payment adjustment will not be applied, and the provider will receive the full MS-DRG 018 payment. Providers will have to notify their MACs of these situations. To notify the MAC of a case where there was expanded access of CAR T-cell therapy products, after October 1, 2022, providers are instructed to put condition code 90 on the claim. Prior to October 1, 2022, CMS had instructed providers to enter a Billing Note NTE02 "Expand Acc Use" on the electronic claim 837I or put "Expand Acc Use " in the remarks field on a paper claim (Form Locator 80). To notify the MAC of a case where the CAR T-cell therapy product is purchased in the usual manner, but the case involves a clinical trial of a different product (and ICD-10-CM diagnosis code Z00.6 on the claim), the provider may enter a Billing Note NTE02 "Diff Prod Clin Trial" on the electronic claim 837I or a remark "Diff Prod Clin Trial" on a paper claim. Providers should carefully review the guidance released by CMS in Transmittal R10571CP, effective Oct 1, 2020. This can be found at: https://www.cms.gov/files/document/r10571cp.pdf and the FY 2023 IPPS final rule information on condition code 90 at https://www.federalregister.gov/d/2022-16472/p-1006. For commercial payer or State Medicaid inpatient payment, providers need to check their contracts or agreements.*

[2] *Hospital should report a procedure charge for the cell administration whether inpatient at the bedside or outpatient*

Note 1: Do not report unlisted code 38999 for cell collection or cell processing services for autologous CAR-T services, (for allogeneic, see [3] below) now that more specific codes are available - see the National Correct Coding Initiative (NCCI) edit manual
Note 2: 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 .

[3] *CMS has historically required modifier -KX to attest that CAR T-cell therapy was furnished in an FDA REMS-approved facility under NCD 110.24. Following the FDA's elimination of REMS requirements effective June 27, 2025 (see: https://www.fda.gov/news-events/press-announcements/fda-eliminates-risk-evaluation-and-mitigation-strategies-rems-autologous-chimeric-antigen-receptor), CMS has indicated that, effective February 6, 2026, Part B MACs will no longer require modifier -KX nor will they require CAR T-cell therapy to be furnished in a REMS-approved facility (see: https://www.cms.gov/files/document/r13432cp.pdf). Modifier -KX should continue to be reported for claims with dates of service prior to June 27, 2025, and for claims submitted before February 6, 2026, unless the applicable MAC issued guidance stating otherwise. Claims for CAR T-cell therapy furnished in a non-REMS facility on or after June 27, 2025, that were denied solely due to the absence of modifier -KX may be eligible for appeal on or after February 6, 2026.*

[4] *Since there is no specific CPT code for allogeneic CAR-T administration, per AMA/CPT guidance, do not select a CPT code that merely approximates the service provided. If there are no codes that accurately identify the service being provided, report the service using the approximate unlisted procedure or service code. See Introduction section, 'Instructions for the Use of the CPT Codebook', in American Medical Association (AMA), CPT Professional Edition code book, Chicago (IL): AMA.*

[5] *See the MPFS status code descriptions for additional details on status code "A"- https://www.cms.gov/status-indicators*