

**Coding Options for CAR-T Therapy Services - Updated as of March 18, 2026**

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 Place of Service (POS) - Professional Services Reporting and Payment Implications		
	Revenue Codes for Charges <sup>2</sup>	ICD-10-PCS Codes	Description	Revenue Codes for Charges	CPT or HCPCS Codes	Description	Billing and Payment Implications <sup>3</sup>	CPT or HCPCS Codes	Description	Billing and Payment Implications
<b>COLLECTION</b> (e.g., apheresis)	0871 Charge for this service may be reported on the inpatient claim	6A550Z1	Pheresis of Leukocytes, Single	0871	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	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>  For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.	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>  For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.
		6A551Z1	Pheresis of Leukocytes, Multiple							
<b>CELL PROCESSING</b> (e.g., freezing, thawing etc.)	0872 Charge for this service may be reported on the inpatient claim	N/A	Cell processing services when <u>sending</u> cells to the manufacturer	0872	38226 (Effective 1/1/2025)	Chimeric antigen receptor T-cell (CAR-T) therapy; 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.  For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.	38226 (Effective 1/1/2025)	Chimeric antigen receptor T-cell (CAR-T) therapy; 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.  For Commercial and Medicaid plans, reference individual payer policies and contracts to determine payment.
			Cell processing services when <u>receiving</u> cells from the manufacturer							

<sup>1</sup> If collection occurs in the inpatient setting during the same stay as the administration of CAR-T, MS-DRG 018 will still 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/regulations-and-guidance/guidance/transmittals/2019-transmittals-items/se19009>

<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/regulation-s-and-guidance/guidance/transmittals/2019-transmittals-items/se19009>

<sup>4</sup> See the OPPS (Outpatient Prospective Payment System) status indicators (SI) 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 (Medicare Physician Fee Schedule) status code descriptions for additional details on status code "B". <https://www.cms.gov/status-indicators>

Note: 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 these codes per the HIPAA transaction code set regulation.

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