

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

Autologous CAR-T Product Reporting Options ¹	Facility Reporting on a UB-04 Claim Form						IPPS Payment Implications	OPPS Payment Implications
	Revenue Code ²	Notes ³	HCPCS Code	HCPCS Product Code Description	Special Circumstances Instructions ⁵			
<p align="center">PRODUCT REPORTING TO MEDICARE (FFS and MA plans)</p> <p><i>For Commercial and Medicaid plans, reference individual payer policies and contracts to determine billing indicators for clinical trials and payment</i></p>	0891 - Special Processed Drugs - FDA Approved Cell Therapy	The charge for the product/drug is typically reported without a HCPCS code on inpatient claims. Report appropriate HCPCS code for the product on outpatient claims ⁴	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 car positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	For CAR-T cases where the hospital does not incur a cost for the product itself, Medicare will pay a reduced amount of MS-DRG 018. For clinical trial cases where the CAR-T product is under investigation, report diagnosis code Z00.6 and condition code 30 to receive the reduced MS-DRG 018 payment since a <u>CAR-T product cost was not incurred</u> . For an expanded access case, after October 1, 2022, providers are instructed to put condition code 90 on the claim to receive the reduced MS-DRG 018 payment since a <u>CAR-T product cost was not incurred</u> . For a clinical trial case where the CAR-T product is not under investigation, the provider may enter Billing Note NTE02 "Diff Prod Clin Trial" on the electronic claim 837I or "Diff Prod Clin Trial" in the remarks field on a paper claim (Form Locator 80) to receive the full MS-DRG 018 payment since a <u>CAR-T product cost was incurred</u> . As of October 1, 2025, Medicare has specified that cases where an immunotherapy product is "not purchased in the usual manner, such as provided at no cost" (i.e., compassionate use, a replacement product scenario, and/or manufacturer assistance program) providers need to include "PROD NO COST" as a billing note on an electronic claim 837I or in the remarks field on a paper claim (Form Locator 80) to receive the reduced MS-DRG 018 payment since a <u>CAR-T product cost was not incurred</u> .	All FDA-approved CAR-T products are currently assigned to MS-DRG 018. Product charges are used to determine NTAP and outlier payments.	HCPCS product code generates ASP + 6% reimbursement (excludes sequestration)	
			Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose				
			Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 car positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose				
			Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose				
			Q2055	Idecabtagene vicleucel, up to 510 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose				
			Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose				
			Q2058	Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion ⁵				
			C9399 J3590 + product NDC until a HCPCS code is released	Unclassified drugs or biologics Unclassified Biologics (For CAR-T therapy products without an assigned HCPCS code)				

¹ Medicare Special Edition article SE 19009 published May 28, 2019 updates information in the April 2019 OPPS Update Transmittal 4255 where CMS gives providers the option to include cell collection and cell processing charges with the product charge and report all under revenue code 0891. It can be found at <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/2019-transmittals-Items/se19009>. Value code 86 may be used to report product acquisition cost if requested or allowed by payers.

² Revenue code 0891 (an extension of pharmacy Q25x or O63x) was created by the National Uniform Billing Committee (NUBC) for reporting special processed drugs - FDA approved cell therapy and includes CAR-T products; see the NUBC manual for more details: <https://www.nubc.org/system/files/media/file/2020/02/Cell-Genex%20Therapy%20Code%20Changes.pdf>; All providers and payers have to use these codes per the HIPAA transaction code set regulation.

³ In the FY 2021 and FY 2022 IPPS Final Rules, CMS states that there is nothing to preclude hospitals from setting their product charge in accordance with their hospital's cost-to-charge ratio (CCR). Providers should review this and report an appropriate charge as this will impact future MS-DRG 018 rate-setting.

⁴ Also, report applicable modifiers (i.e., TB, JZ)

⁵ CMS Manual System Pub 100-4 Medicare Claims Processing, Transmittal R10571CP, effective Oct 1, 2020, section 5, "Payment Adjustment for CAR T-cell Clinical Trial and Expanded Access Use Immunotherapy Cases" at <https://www.cms.gov/files/document/r10571cp.pdf>, and the FY 2023 IPPS Final Rule, where CMS finalized that providers will use condition code 90 to indicated expanded access cases [https://www.federalregister.gov/d/2022-16472/p-1006]. For all other Medicare required clinical trial billing indicators, refer to Medicare Claims Processing Manual Chapter 32 – Billing Requirements for Special Services; 69 - Qualifying Clinical Trials: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c32.pdf>. Additionally, providers should review the instructions released by CMS in Transmittal R10571CP, effective Oct 1, 2020, to better understand how to report certain instances when a CAR-T product is not incurred (such as expanded access use) as well as when a CAR-T product cost is incurred but the patient is involved in a clinical trial of some other drug. This can be found at: <https://www.cms.gov/files/document/r10571cp.pdf>

⁶ For more information, please see the CMS Q1 2025 HCPCS Quarterly Decision at <https://www.cms.gov/files/document/2025-hcpcs-application-summary-quarter-1-2025-drugs-and-biologics.pdf>, page 15

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