

Chimeric Antigen Receptor (CAR) T-cell Therapy is now covered under Medicare Fee For Service

On September 6, 2019 CMS announced that CAR T-cell transfer immunotherapy for select patients with relapsed or refractory cancers are now covered under Medicare Fee-For-Service. Medicare Advantage beneficiaries that meet the criteria will also be covered by Medicare FFS through 12/31/2020. Medicare Advantage plans, such as Molina DSNP and MMP (MI Health Link), will begin to cover the benefit starting in January 1, 2021.

What's Covered Under Medicare FFS?

On or after August 7, 2019, hospitals may submit claims to Traditional Medicare for payment as indicated under the CMS MLN Reference Number: SE19024.

More information about this benefit is available on the CMS website, using the link below:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19024.pdf>

Outpatient Hospital Setting	Medication: Q2041 - Axicabtagene ciloleucel, up to 200 million t-cells per dose Q2042 - Tisagenlecleucel, up to 600 million t-cells, per dose Administration: 0540T w/ revenue code 0874 - CAR T-cell administration
Inpatient Hospital Setting	0537T w/ revenue code 0871 or 0891 - Harvesting blood-derived T cell 0538T w/ revenue code 0872 or 0891 - Preparation of blood-derived T cells for transportation 0539T w/ revenue code 0873 or 0891 - Preparation of T-cells for administration The above codes will appropriately receive Reason Code W7111

Revenue codes 087x (Cell/Gene Therapy) and 0891(pharmacy)

What is covered with Medicaid?

CAR-T is a carve out for Medicaid. On January 1, 2019 the Medicaid Program list HCPCS code Q2042 Tisagenlecleucel Car-POS T as a carve and prior authorization is required. The code will be reimbursed fee-for-service (FFS) benefit for all FFS and Medicaid Health Plan (MHP) enrollees.

The member is removed from the MHP for approximately 3 months and put on Medicaid FFS during the time of treatment. Michigan Medicaid program will pay for the CAR-T therapy and immediate after-therapy and complications. If there are no complications the member is reinstated into the MHP after 3 months.

Refer to Medicaid Code and Rate Reference Tool in CHAMPS for additional information. Also, for covered physician-administered drugs and fee screens, refer to www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics

https://www.michigan.gov/documents/mdhhs/MHP_CARVE_OUT_622385_7.pdf

If you have any questions, please contact your Provider Services Representative at (855) 322-4077.

Thank you for your commitment to Molina members.

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