



Chimeric Antigen Receptor T-Cell Therapy Billing Instructions: Medicare Claims Processing Manual Update

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Related CR Title: Update to the Internet Only Manual (IOM) for Inpatient Billing of Chimeric Antigen Receptor (CAR) T-Cell Therapy in Publication (Pub.) 100-04; Chapter 32 Billing Requirements for Special Services, Section 400.3 Payment Requirements	

Affected Providers

- Inpatient hospitals
- Other providers billing Medicare Administrative Contractors (MACs) for chimeric antigen receptor (CAR) T-cell therapy services

Action Needed

Make sure your billing staff knows about the billing instruction updates and payment requirement scenarios in the [Medicare Claims Processing Manual, Chapter 32](#), section 400.3:

- We'll adjust the payment for claims that group to Medicare Severity Diagnosis-Related Group (MS-DRG) 018 when:
 - The case involves a clinical trial for CAR T-cell therapy
 - There's expanded access use of CAR T-cell therapy or another immunotherapy product
 - You don't purchase the CAR T-cell therapy product in the usual manner, such as obtaining it at no cost
- We won't apply a payment adjustment to claims that group to MS-DRG 018 when the case involves a clinical trial of a different product

Background

In FY 2021, CMS created MS-DRG 018 Chimeric Antigen Receptor (CAR) T-Cell Immunotherapy for cases that include procedures describing CAR T-Cell therapies. Starting in FY 2022, we revised the title for MS-DRG 018 to Chimeric Antigen Receptor (CAR) T-Cell and Other Immunotherapies.

We apply a diagnosis-related group weight adjustment factor to claims that group to MS-DRG 018 for clinical trial and expanded access use immunotherapy cases when the provider doesn't purchase the immunotherapy product in the usual manner. We recently became aware of other situations in which the provider doesn't purchase the immunotherapy product in the usual manner, such as when the provider obtains the product at no cost. Starting in FY 2026, under these situations, we'll adjust the payment.

Key Updates

We're updating the Medicare Claims Processing Manual, chapter 32, section 400.3 with inpatient billing instructions and payment requirement scenarios to notify MACs of cases when immunotherapy products aren't purchased in the usual manner, such as obtaining them at no cost. These billing instructions apply to the existing policy in [42 CFR 412.85](#).

We apply a payment adjustment to claims that group to MS-DRG 018 and include ICD-10-CM diagnosis code Z00.6 or when there's expanded access use of immunotherapy. Include the relevant billing notes or condition code we indicated in these scenarios.

Scenario 1: You purchased CAR T-cell therapy or another immunotherapy product in cases involving a clinical trial of a different product

When you purchase the CAR T-Cell therapy or other immunotherapy product in the usual manner but the case involves a clinical trial of a different product and ICD-10-CM diagnosis code Z00.6 is on the claim:

- We won't apply a payment adjustment when calculating payment for the case
- Notify your MAC by entering "Diff Prod Clin Trial" as a billing note NTE02 on the electronic claim 837I or as a remark on the paper claim
- Your MAC will add payer-only condition code ZC so the Pricer won't apply the payment adjustment in calculating the payment for the case

Scenario 2: Expanded access use of CAR T-cell therapy or another immunotherapy product

In a case where there's expanded access use of CAR T-cell therapy or other immunotherapy products, submit condition code 90 on the claim so the Pricer will apply the payment adjustment in calculating payment for the case.

Scenario 3: You don't purchase the CAR T-cell therapy or another immunotherapy product in the usual manner, such as obtaining it at no cost

In a case where you don't purchase the CAR T-cell therapy or other immunotherapy product in the usual manner, such as obtaining it at no cost:

- Notify your MAC by entering "Prod No Cost" as a billing note NTE02 on the electronic claim 837I or as a remark on the paper or Direct Data Entry claim
- Your MAC will add payer-only condition code ZD so the Pricer will apply the payment adjustment in calculating the payment for the case effective for discharges occurring on or after October 1, 2025.

More Information

We issued CR 14247 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#).

Document History

Date of Change	Description
December 24, 2025	Initial article released.

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