

The following three pages document the changes approved at the August 2018 NUBC meeting related to Cell/Gene therapy. More information and guidance will be forthcoming.

Effective Dates:**UB-04: July 1, 2018, April 1, 2019****837: Upon Implementation
of Post 5010 HIPAA Standard****Meeting Date: 3/3/15, 8/4/15, 4/6/16, 8/9/17
8/7/18****Form Locators 39-41**

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86	Cell/Gene Therapy Invoice Cost (Effective 4/1/19)	\$	Invoice/acquisition cost of modified biologics. For use with Revenue Category 089x.
87-99	RESERVED	N/A	Reserved for assignment by the NUBC.
A0	Special ZIP Code Reporting	NM	Five digit ZIP Code of the location from which the beneficiary is initially placed on board the ambulance.
A1 ^(a)	Deductible Payer A	\$	The amount assumed by the provider to be applied to the patient's policy/program deductible amount involving the indicated payer. <i>(Note: Report Medicare blood deductibles under Value Code 6.)</i>
A2 ^(a)	Coinsurance Payer A	\$	The amount assumed by the provider to be applied toward the patient's coinsurance amount involving the indicated payer. <i>(Note: For Medicare, use this code only for reporting Part B coinsurance amounts. For Part A coinsurance amounts use Value Codes 8-11.)</i>
A3	Estimated Responsibility Payer A	\$	The amount <u>estimated</u> by the provider to be paid by the indicated payer; it is <u>not</u> the <u>actual</u> payment.
A4	Covered Self-administrable Drugs - Emergency	\$	The covered charge amount for self-administrable drugs administered to the patient in an emergency situation (e.g., diabetic coma). For use with Revenue Code 0637.
A5	Covered Self-administrable Drugs - not Self-administrable in the Form and Situation Furnished to Patient	\$	The amount included in covered charges for self-administrable drugs administered to the patient because the drug was not self-administrable in the form and situation in which it was furnished to the patient. For use with Revenue Code 0637.
A6	Covered Self-administrable Drugs - Diagnostic Study and Other	\$	The amount included in covered charges for self-administrable drugs administered to the patient because the drug was necessary for diagnostic study or other reason (e.g., the drug is specifically covered by the payer).
A7	Co-payment Payer A	\$	The amount assumed by the provider to be applied toward the patient's co-payment amount involving the indicated payer.

(a) This code is to be used only on paper claims. For electronic 837 claims, use Loop ID 2320 / CAS segment (Claim Adjustment Group Code "PR").

086x Magnetoencephalography (MEG)

Charges for operation of specialized medical equipment to measure the magnetic fields generated by brain activity.

<u>SubC</u>	<u>Subcategory Definition</u>	<u>Standard Abbreviation</u>	<u>Unit</u>	<u>HCPCS</u>
0	General Classification	MAGNETOENCEPH	Tests	Y
1	MEG	MEG	Tests	Y
2-9	RESERVED			

087x Cell/Gene Therapy

Charges for procedures performed by staff for the acquisition and infusion/injection of genetically modified cells.

<u>SubC</u>	<u>Subcategory Definition</u>	<u>Standard Abbreviation</u>	<u>Unit</u>	<u>HCPCS</u>
0	General Classification	CELL/GENE		
1	Cell Collection	CELL/GENE CELL COLL		
2	Specialized Biologic Processing and Storage - Prior to Transport	CELL/GENE TRANS PRIOR		
3	Storage and Processing after Receipt of Cells from Manufacturer	CELL/GENE STOR PROC AFT		
4	Infusion of Modified Cells	CELL/GENE INFUSION		
5	Injection of Modified Cells	CELL/GENE INJECTION		
6-9	RESERVED			

088x Miscellaneous Dialysis

Charges for dialysis services not identified elsewhere.

<u>SubC</u>	<u>Subcategory Definition</u>	<u>Standard Abbreviation</u>	<u>Unit</u>	<u>HCPCS</u>
0	General Classification	DIALY/MISC	Sessions	Y
1	Ultrafiltration	DIALY/ULTRAFILT	Sessions	Y
2	Home Dialysis Aid Visit	HOME DIALYSIS AID VISIT	Sessions	Y
3-8	RESERVED			
9	Other Miscellaneous Dialysis	DIALY/MISC/OTHER	Sessions	Y

Note:

Ultrafiltration is the process of removing excess fluid from the blood of dialysis patients by using a dialysis machine but without the dialysate solution. The designation is only used when the procedure is not performed as part of a normal dialysis session.

089x Pharmacy - Extension of 025x and 063x

The category is an extension of 025x and 063 x for reporting additional breakdown where needed.

<u>SubC</u>	<u>Subcategory Definition</u>	<u>Standard Abbreviation</u>	<u>Unit</u>	<u>HCPCS</u>
0	RESERVED (Use 0250 for General Classification)			
1	Special Processed Drugs - FDA Approved Cell Therapy ^(a)	DRUGS/CELL THERAPY		
2-9	RESERVED			

^(a) Charges for drugs and biologics for modified cell therapy requiring specific identification as required by the payer. If using a HCPCS to describe the drug, enter the HCPCS code in the appropriate HCPCS column.