



PROVIDER BULLETIN
#06-2018

TO: Participating hospitals that provide covered services to AmeriHealth Pennsylvania members

FROM: Daniel Brown
Director, Provider Reimbursement

DATE: May 4, 2018

SUBJECT: Outpatient cost-based pharmacy fee schedule update

We are sending this bulletin to notify you of an update to the Outpatient Cost-Based Pharmacy Fee Schedule effective for dates of service on or after June 1, 2018.

The following code has been added to the fee schedule:

CPT®/HCPCS code	Description	Base rate	Pricing source	Update type
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car t cells, including leukapheresis and dose preparation procedures, per infusion	██████████	MAC	Add

For questions related to fee schedules, please contact your Contract Manager.

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We encourage you to share this information with appropriate members of your staff.
