



PROVIDER BULLETIN
#15-2018

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

FROM: Daniel Brown
Director, Provider Reimbursement

DATE: July 2, 2018

SUBJECT: Outpatient pharmacy fee schedule changes

We are sending this bulletin to inform you of changes to the Outpatient Pharmacy Fee Schedule effective for dates of service on or after August 1, 2018.

The following codes have been updated on the fee schedule:

CPT®/HCPCS code	Description	Base rate
Q2040 ¹	Tisagenlecleucel; up to 250 million car-positive viable t cells; including leukapheresis and dose preparation procedures; per infusion	See notes section
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car t cells, including leukapheresis and dose preparation procedures, per infusion	██████████

Notes		
Q2040 ¹	Tisagenlecleucel used to treat acute lymphoblastic leukemia	██████████
	Tisagenlecleucel used to treat relapsed or refractory diffuse large B-cell lymphoma	██████████

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.
