



PROVIDER BULLETIN
#15-2018

TO: Participating hospitals that provide covered services to AmeriHealth New Jersey members

FROM: Kenneth E. Kobylowski
Senior Vice President, Provider Contracting and Network Operations

DATE: July 2, 2018

SUBJECT: Outpatient cost-based pharmacy fee schedule changes

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

The following codes have been updated on the fee schedule:

MAC = Maximum Allowable Cost

CPT®/HCPCS code	Description	Base rate	Pricing source
Q2040 ¹	Tisagenlecleucel; up to 250 million car-positive viable t cells; including leukapheresis and dose preparation procedures; per infusion	See notes section	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 Provider Partnership Associate.

CPT Copyright 2017 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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