



**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 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 <sup>1</sup>	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 <sup>1</sup>	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.**