



coordinated care™

ONCOLOGY AGENTS AUTOLOGOUS CELLULAR IMMUNOTHERAPY (CAR-T): Tecartus (Brexucabtagene Autoleucel Suspension for IV Infusion)

WA.PHAR.100 Tecartus (Brexucabtagene Autoleucel Suspension for IV Infusion)

Effective Date: July 1, 2020

All requests for authorization or payment must be referred to the Health Care Authority.

Coding:

Diagnosis Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| Diagnosis Code | Description |
|----------------|--|
| C9073 | BREXUCABTAGENE AUTOLEUCEL UP TO 200 M AUTOLOGOUS |

History

| Date | Action and Summary of Changes |
|------------|---|
| 01/14/2021 | <ul style="list-style-type: none">Removed NDC Number. Added C9073 Code. |
| 08/14/2020 | <ul style="list-style-type: none">New Policy Created |