YESCARTA
HOSPITAL BILLING AND CODING GUIDE

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Information about reimbursement for YESCARTA and its administration

The use of the information in this guide does not guarantee reimbursement or that any reimbursement received will cover your costs. The information in this guide is subject to change. Payer coding requirements may vary or change over time. Healthcare providers should ensure they are using the latest coding information available. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for services that were rendered, and for these codes, charges, and modifiers to be supported by documentation in the patient's medical records. Always check with each payer for payer-specific requirements before submitting any claims, and always provide complete and accurate information when submitting claims for YESCARTA. Kite and its agents disclaim any and all liability as a result of denied claims or incorrect codes.

INDICATIONS

YESCARTA® is CD19-directed genetically modified autologous T cell immunotherapy indicated for the treatment of:

- Adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, primary mediastinal large B-cell lymphoma, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma. Limitations of Use: YESCARTA is not indicated for the treatment of patients with primary central nervous system lymphoma.
- Adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy. This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).

Please see Important Safety Information throughout this guide.

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KITE KONNECT® OVERVIEW

BEST PRACTICES CHECKLIST

REFERENCES

CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; ICD-10-PCS=International Classification of Diseases, 10th Revision, Procedure Coding System; NDC=National Drug Code.

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// BILLING AND CODING GUIDE OVERVIEW

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Billing and Coding Guide Overview

This resource provides an overview of the current relevant codes, as of 2020, that may be potential options for use with YESCARTA. Based on the Authorized Treatment Center (ATC), the information within covers both hospital inpatient and hospital outpatient settings of care.

Coverage and coding guidelines for YESCARTA and its administration may differ by insurer and may be updated regularly. In addition, reimbursement methodologies and rates may vary by payer and treatment setting and are guided by the ATC's specific contract with a given payer. Always contact each patient's health insurance company directly to ensure that you have the most recent billing, coding, and coverage policy information, as well as discuss any reimbursement inquiries.

The information available within is compiled from sources believed to be accurate as of September 2020. Responsibility for properly submitting claims lies with the healthcare provider. Kite and its agents make no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use given the frequent changes in public and private payer billing. The use of this information does not guarantee reimbursement or that any reimbursement received will cover your costs. The information in this guide is subject to change. Healthcare providers should ensure they are using the latest coding information available. Payer coding requirements may vary or change over time, so it is important to regularly check with each payer for payer-specific requirements before submitting any claims.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: CYTOKINE RELEASE SYNDROME AND NEUROLOGIC TOXICITIES

- **Cytokine Release Syndrome (CRS), including fatal or life-threatening reactions, occurred in patients receiving YESCARTA. Do not administer YESCARTA to patients with active infection or inflammatory disorders. Treat severe or life-threatening CRS with tocilizumab or tocilizumab and corticosteroids.**
- **Neurologic toxicities, including fatal or life-threatening reactions, occurred in patients receiving YESCARTA, including concurrently with CRS or after CRS resolution. Monitor for neurologic toxicities after treatment with YESCARTA. Provide supportive care and/or corticosteroids as needed.**
- **YESCARTA is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the YESCARTA and TECARTUS REMS Program.**

THE PATIENT-CARE PROCESS

The Patient-Care Process

YESCARTA is administered as a one-time infusion at an Authorized Treatment Center (ATC). The entire treatment process consists of 5 distinct steps[1]:

Leukapheresis	Cell Manufacturing	Conditioning Chemotherapy	Infusion	Monitoring & Follow-up
Leukapheresis is performed. T cells are isolated from the peripheral blood.	The harvested T cells are shipped to Kite where they are modified into chimeric antigen receptor T (CAR T) cells and expanded in number.	The patient undergoes a 3-day lymphodepleting regimen delivered in the hospital outpatient setting. This regimen is started 5 days prior to the planned infusion of YESCARTA.	YESCARTA is administered to the patient at an ATC. This may be done in a hospital inpatient or hospital outpatient setting.	Patients will be monitored for 7 days at the ATC following infusion of YESCARTA. This is done to identify any signs and symptoms of complications such as cytokine release syndrome (CRS), neurologic toxicities, and other possible side effects. Patients are instructed to remain within proximity of the ATC for at least 4 weeks following YESCARTA infusion.

IMPORTANT SAFETY INFORMATION (Continued)

CYTOKINE RELEASE SYNDROME (CRS), including fatal or life-threatening reactions, occurred. CRS occurred in 88% (224/254) of all patients with non-Hodgkin lymphoma (NHL), including Grade ≥3 in 10%. CRS occurred in 94% (101/108) of patients with large B-cell lymphoma (LBCL), including Grade ≥3 in 13%. Among patients with LBCL who died after receiving YESCARTA, 4 had ongoing CRS events at the time of death. The median time to onset of CRS was 2 days (range: 1-12 days) and the median duration was 7 days (range: 2-58 days) for patients with LBCL. CRS occurred in 84% (123/146) of patients with indolent non-Hodgkin lymphoma (iNHL), including Grade ≥3 in 8% (11/146). Among patients with iNHL who died after receiving YESCARTA, 1 patient had ongoing CRS events at the time of death. The median time to onset of CRS was 4 days (range: 1-20 days) and median duration was 6 days (range: 1-27 days) for patients with iNHL. Key manifestations of CRS (≥10%) in all patients combined included fever (80%), hypotension (38%), tachycardia (29%), hypoxia (21%), chills (21%), and headache (13%). Serious events that may be associated with CRS include cardiac arrhythmias (including atrial fibrillation and ventricular tachycardia), cardiac arrest, cardiac failure, renal insufficiency, capillary leak syndrome, hypotension, hypoxia, multi-organ failure and hemophagocytic lymphohistiocytosis/macrophage activation syndrome. Ensure that 2 doses of tocilizumab are available prior to YESCARTA infusion. Following infusion, monitor patients for signs and symptoms of CRS at least daily for 7 days at the certified healthcare facility, and for 4 weeks thereafter. Counsel patients to seek immediate medical attention should signs or symptoms of CRS occur at any time. At the first sign of CRS, institute treatment with supportive care, tocilizumab, or tocilizumab and corticosteroids as indicated.

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// OVERVIEW OF CODING FOR YESCARTA PREPARATION AND ADMINISTRATION

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Coding for YESCARTA Preparation and Administration

Helpful Reminders for Submitting Claims

- ☑ Clarify coding and clinical documentation requirements by payer, as there may be variations in payer requirements
- ☑ For Medicare, become familiar with the published guidance on coding
- ☑ Outside of fee-for-service Medicare, determine any prior authorization (PA) requirements for all payers before the patient undergoes leukapheresis

If you have questions or need assistance finding an Authorized Treatment Center (ATC), please contact Kite Konnect® at 1-844-454-KITE (5483), Monday to Friday, 5AM to 6PM PT or visit KITEKONNECT.COM. Additional patient enrollment and other information may also be available through Kite Konnect®.

Review of Relevant Codes

ICD-10-CM Diagnosis Codes

The following table lists the possible International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes applicable for YESCARTA treatment. It is important that providers assess individual payer diagnosis coding requirements for each patient. It is the provider's responsibility to contact payers to clarify coverage and coding requirements. Providers must ensure that the most appropriate codes are selected for diagnosis (to the highest level of specificity).

ICD-10-CM Diagnosis Code[2]	Description
C82.00-C82.09	Follicular lymphoma grade I
C82.10-C82.19	Follicular lymphoma grade II
C82.20-C82.29	Follicular lymphoma grade III, unspecified
C82.30-C82.39	Follicular lymphoma grade IIIa
C82.40-C82.49	Follicular lymphoma grade IIIb
C82.50-C82.59	Diffuse follicle center lymphoma
C82.60-C82.69	Cutaneous follicle center lymphoma
C82.80-C82.89	Other types of follicular lymphoma
C82.90-C82.99	Follicular lymphoma, unspecified

IMPORTANT SAFETY INFORMATION (Continued)

NEUROLOGIC TOXICITIES that were fatal or life-threatening occurred. Neurologic toxicities occurred in 81% (206/254) of all patients with NHL receiving YESCARTA, including Grade ≥3 in 26%. Neurologic toxicities occurred in 87% (94/108) of patients with LBCL, including Grade ≥3 in 31%. The median time to onset was 4 days (range: 1-43 days) and the median duration was 17 days for patients with LBCL. Neurologic toxicities occurred in 77% (112/146) of patients with iNHL, including Grade ≥3 in 21%. The median time to onset was 6 days (range: 1-79 days) and the median duration was 16 days for patients with iNHL. 98% of all neurologic toxicities in patients with LBCL and 99% of all neurologic toxicities in patients with iNHL occurred within the first 8 weeks of YESCARTA infusion. Neurologic toxicities occurred within the first 7 days of infusion for 89% of affected patients with LBCL and 74% of affected patients with iNHL. The most common neurologic toxicities (≥10%) in all patients combined included encephalopathy (53%), headache (45%), tremor (31%), dizziness (20%), delirium (16%), aphasia (15%), and insomnia (11%). Prolonged encephalopathy lasting up to 173 days was noted. Serious events, including leukoencephalopathy and seizures, as well as fatal and serious cases of cerebral edema, have occurred. Following YESCARTA infusion, monitor patients for signs and symptoms of neurologic toxicities at least daily for 7 days at the certified healthcare facility, and for 4 weeks thereafter, and treat promptly.

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ICD-10-CM Diagnosis Codes (Continued)

ICD-10-CM Diagnosis Code[2]	Description
C83.30-C83.39	Diffuse large B-cell lymphoma
C85.10-C85.19	Unspecified B-cell lymphoma
C85.20-C85.29	Mediastinal (thymic) large B-cell lymphoma
C85.80-C85.89	Other specified types of non-Hodgkin lymphoma
Z00.6*	Encounter for examination for normal comparison and control in clinical research program
Z51.12†	Encounter for antineoplastic immunotherapy

*This code should be reported only for clinical trial cases or with standardized drug charges of less than $373,000.[3]

†If a patient admission/encounter is solely for the administration of immunotherapy, assign ICD-10-CM diagnosis code Z51.12, "Encounter for antineoplastic immunotherapy" as the first-listed/principal diagnosis.[4]

ICD-10-PCS Codes

International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) codes are used to identify inpatient hospital procedures. Effective October 1, 2020, when the appropriate ICD-10-PCS code is entered on a claim form for an inpatient admission, Medicare will align that admission for reimbursement under a new reimbursement methodology specific for chimeric antigen receptor T-cell (CAR T) therapy: **Medicare-Severity Diagnosis Related Group (MS-DRG) 018 – *Chimeric Antigen Receptor (CAR) T-cell Immunotherapy***. With the creation of this new MS-DRG, Medicare has retired the New Technology Add-on Payment (NTAP) for hospitals administering YESCARTA during inpatient admissions on or after October 1, 2020.[3]

For all hospital inpatient admissions prior to October 1, 2020, when the appropriate ICD-10-PCS code is entered on a claim form for an inpatient admission, Medicare's reimbursement to hospitals will be made under **MS-DRG 016 – *Autologous Bone Marrow Transplant with CC/MCC or T-cell Immunotherapy***. Eligible hospitals and admissions prior to that date could potentially receive the CAR T-cell NTAP.[3]

Effective October 1, 2020, Medicare will apply a reimbursement adjustment factor to claims that group to the new MS-DRG 018 and include ICD-10-CM diagnosis code Z00.6 (Encounter for examination for normal comparison and control in clinical research program). This adjustment will also apply to Medicare hospital inpatient admissions that integrate YESCARTA obtained for expanded access use where the claim contains standardized YESCARTA charges of less than $373,000. The adjustment is not applicable to cases where YESCARTA is purchased in the usual manner.[3]

ICD-10-PCS Code[3]	Description
XW033C3	Introduction of engineered autologous chimeric antigen receptor T-cell immunotherapy into peripheral vein, percutaneous approach, New Technology Group 3
XW043C3	Introduction of engineered autologous chimeric antigen receptor T-cell immunotherapy into central vein, percutaneous approach, New Technology Group 3

Non-Medicare payers may vary on their coding and subsequent reimbursement for YESCARTA when it is administered during an inpatient admission and may or may not utilize the ICD-10-PCS codes. Therefore, it is important to determine the appropriate coding requirements for each payer before submitting any claims.

Hospital Revenue Codes

Payers utilize revenue codes to align services with specific departments within a hospital.[5] A series of revenue codes specific to cell therapy were developed to capture information for services related to cell collection, storage, and preparation. These codes will align with Level I and II Healthcare Common Procedure Coding System (HCPCS) codes to document the clinical management of YESCARTA therapy. It is the provider's responsibility to contact each payer for payer-specific coding requirements before submitting any claims.[6]

Revenue Code[7]	Description	Notes[6]
0871	Cell/Gene Therapy Cell Collection	Medicare guidance outlines that providers should not report the same charge twice under the drug revenue code 0891 and under the pre-infusion cell preparation revenue codes 0871, 0872, and 0873.
0872	Cell/Gene Therapy Specialized Biologic Processing and Storage - Prior to Transport	
0873	Cell/Gene Therapy Storage and Processing after Receipt of Cells from Manufacturer	
0874	Cell/Gene Therapy Infusion of Modified Cells	
0891*	Special Processed Drugs - FDA (Food and Drug Administration) Approved Cell Therapy - Charges for Modified cell therapy	

*Charges for drugs and biologics for modified cell therapy requiring specific identification as required by the payer. If using an HCPCS code to describe the cells, enter the HCPCS code in the appropriate HCPCS column.[7]

IMPORTANT SAFETY INFORMATION (Continued)

REMS: Because of the risk of CRS and neurologic toxicities, YESCARTA is available only through a restricted program called the YESCARTA and TECARTUS REMS Program which requires that: Healthcare facilities that dispense and administer YESCARTA must be enrolled and comply with the REMS requirements and must have on-site, immediate access to a minimum of 2 doses of tocilizumab for each patient for infusion within 2 hours after YESCARTA infusion, if needed for treatment of CRS. Certified healthcare facilities must ensure that healthcare providers who prescribe, dispense, or administer YESCARTA are trained about the management of CRS and neurologic toxicities. Further information is available at www.YescartaTecartusREMS.com or 1-844-454-KITE (5483).

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Level I HCPCS CPT Codes

The following series of Level I HCPCS Current Procedural Terminology (CPT®) codes were established to better identify the work, effort, and charges associated with the various steps required to collect and prepare CAR T cells. Hospitals may choose to include the charges for these various steps in the charge submitted for the biological or report these charges separately for tracking purposes (documented under 0537T, 0538T, and 0539T). It is the provider's responsibility to contact each payer for payer-specific coding requirements before submitting any claims.[6]

HCPCS CPT Code[8]	Description	Notes[6,8]
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	0537T, 0538T, and 0539T are considered non-payable codes for services furnished in the hospital outpatient setting by Medicare. However, other payers may accept these codes as payable. Providers may still use these codes to track cell preparation steps for YESCARTA. CPT code 0540T is considered payable by Medicare and is used to document YESCARTA administration.
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage)	
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy, CAR-T cell administration, autologous	

The Level I HCPCS CPT codes must be reported with the appropriate revenue code for the claim to be reviewed. That alignment for reporting is as follows[6,7]:

CPT Code 0537T » **Revenue Code 0871**
(Cell/Gene Therapy Cell Collection)

CPT Code 0538T » **Revenue Code 0872**
(Cell/Gene Therapy Specialized Biologic Processing and Storage – Prior to Transport)

CPT Code 0539T » **Revenue Code 0873**
(Cell/Gene Therapy Storage and Processing after Receipt of Cells from Manufacturer)

CPT Code 0540T » **Revenue Code 0874**
Cell/Gene Therapy Infusion of Modified Cells

Level II HCPCS Product Code

A Level II HCPCS product code is used to document administration of YESCARTA in the hospital outpatient setting for Medicare. The YESCARTA code, Q2041, has an inclusive definition that encompasses the administration of YESCARTA, leukapheresis, and all cell preparation. If YESCARTA is not ultimately administered to the patient, but preparation services are initiated or performed in the hospital outpatient setting, do not use the Q-code. Instead, report the nonpayable codes 0537T, 0538T, and 0359T as needed with the appropriate revenue codes on the hospital outpatient claim form.[6,8]

Other payers may utilize the code for inpatient administration as well. Providers should contact the payer to confirm the acceptance and application of the Q2041 code with each payer before submitting any claims.

HCPCS Product Code[8]	Description	Notes[6]
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 car-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medicare coding guidance states that if cell preparation is conducted in the hospital outpatient setting but CAR T cells are administered in the inpatient setting, the Q2041 code should NOT be entered on the Centers for Medicare & Medicaid Services (CMS) 1450 claim form for the inpatient admission. Q2041 is, however, appropriate to enter on a hospital outpatient Medicare claim when YESCARTA is administered in the hospital outpatient setting.

IMPORTANT SAFETY INFORMATION (Continued)

HYPERSENSITIVITY REACTIONS: Allergic reactions, including serious hypersensitivity reactions or anaphylaxis, may occur with the infusion of YESCARTA.

SERIOUS INFECTIONS: Severe or life-threatening infections occurred. Infections (all grades) occurred in 47% (119/254) of all patients with NHL. Grade ≥3 infections occurred in 19% of patients, Grade ≥3 infections with an unspecified pathogen occurred in 15%, bacterial infections in 5%, viral infections in 2%, and fungal infections in 1%. YESCARTA should not be administered to patients with clinically significant active systemic infections. Monitor patients for signs and symptoms of infection before and after infusion and treat appropriately. Administer prophylactic anti-microbials according to local guidelines. Febrile neutropenia was observed in 40% of all patients with NHL and may be concurrent with CRS. In the event of febrile neutropenia, evaluate for infection and manage with broad-spectrum antibiotics, fluids, and other supportive care as medically indicated. In immunosuppressed patients, including those who have received YESCARTA, life-threatening and fatal opportunistic infections including disseminated fungal infections (e.g., candida sepsis and aspergillus infections) and viral reactivation (e.g., human herpes virus-6 [HHV-6] encephalitis and JC virus progressive multifocal leukoencephalopathy [PML]) have been reported. The possibility of HHV-6 encephalitis and PML should be considered in immunosuppressed patients with neurologic events and appropriate diagnostic evaluations should be performed. Hepatitis B virus (HBV) reactivation, in some cases resulting in fulminant hepatitis, hepatic failure, and death, can occur in patients treated with drugs directed against B cells. Perform screening for HBV, HCV, and HIV in accordance with clinical guidelines before collection of cells for manufacturing.

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NDC

YESCARTA has 2 separate National Drug Codes (NDCs); one for the infusion bag with cells and a second for the cassette in which the infusion bag is shipped.[1] **Only utilize the infusion bag NDC for billing purposes.** Include "**N4**" before the 11-digit YESCARTA NDC number when completing hospital inpatient and outpatient claims forms.

Product NDC[1]	Description	Notes[9,10]
71287-0119-01	**11-digit NDC** for YESCARTA infusion bag containing approximately 68 mL of frozen suspension of genetically modified autologous T cells in 5% DMSO and 2.5% albumin (human)	Many payers may require the YESCARTA NDC. When reporting the NDC on claims, use the 11-digit NDC in the 5-4-2 format. Insert a leading zero in the appropriate section to complete the 5-4-2 digit format and remove the dashes prior to entering the NDC on the claim form. The 5-4-2 format is established to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements for electronic claims transactions.

Value Code

The National Uniform Billing Committee has created a specific value code for capturing the cell therapy invoice costs.[7] This code should be utilized on Medicare hospital inpatient admission claims. Other payers may or may not apply value codes and should be contacted prior to submitting claims.

Note that value code 86, which was previously utilized for CAR T-cell claims, was deleted on March 31, 2020, and replaced with value code 90.[7]

Value Code[7]	Description	Notes
90	Cell Therapy Invoice Cost	Value code 90 is effective for services on or after April 1, 2020.

IMPORTANT SAFETY INFORMATION (Continued)

PROLONGED CYTOPENIAS: Patients may exhibit cytopenias for several weeks following lymphodepleting chemotherapy and YESCARTA infusion. Grade ≥3 cytopenias not resolved by Day 30 following YESCARTA infusion occurred in 30% of all patients with NHL and included neutropenia (22%), thrombocytopenia (13%), and anemia (5%). Monitor blood counts after infusion.

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// HOSPITAL INPATIENT ADMINISTRATION OF YESCARTA

When YESCARTA is administered during a hospital inpatient admission, some payers will establish a prospective reimbursement for the entire admission, while others will administer reimbursements for both YESCARTA and for related healthcare services. The costs associated with YESCARTA and its administration may or may not be paid separately. Payers may utilize case rates, bundled reimbursements, and cost plus (for administered products) or other methodologies.[8,11] Payer coding requirements may vary or change over time. It is the provider's responsibility to check the coding and clinical documentation requirements with each payer before submitting any claims.

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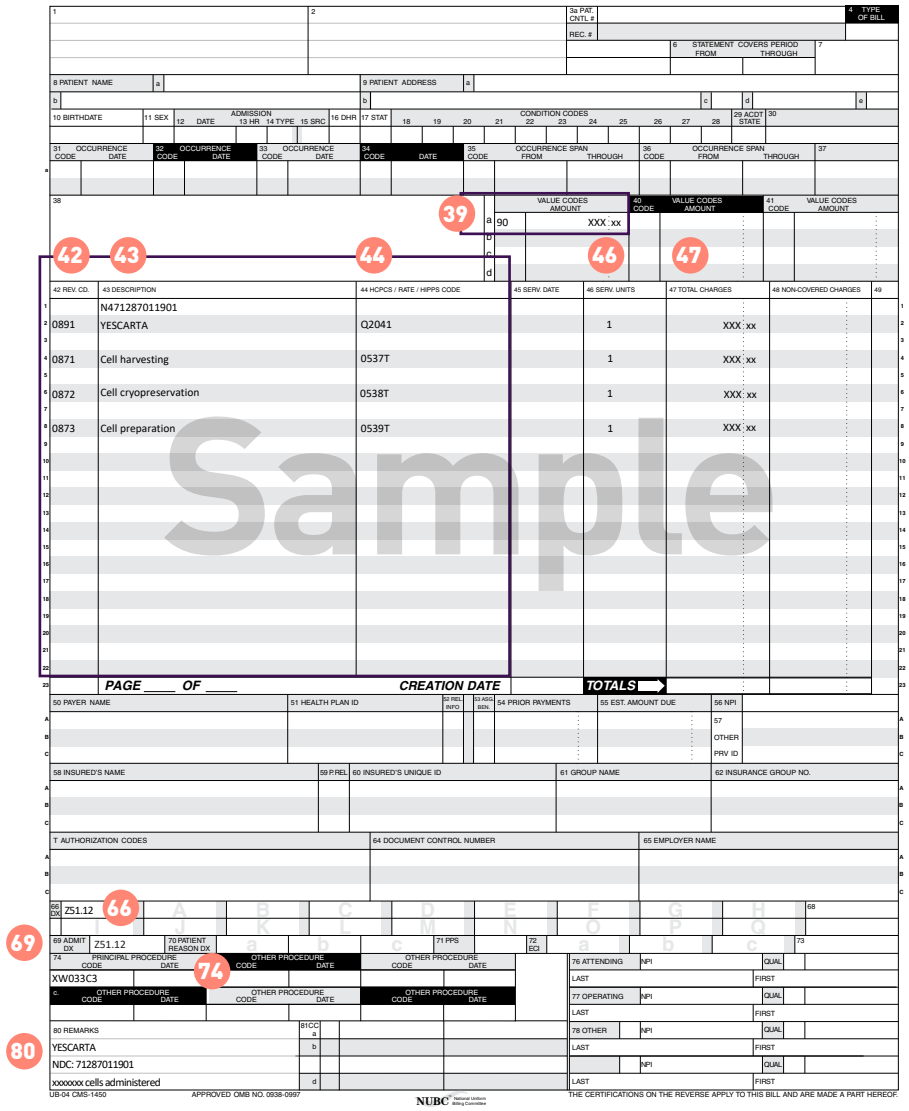
YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Sample CMS-1450/UB-04 Claim Form: Hospital Inpatient

This sample form is for information purposes only.



39 VALUE CODES AMOUNT

Enter value code ***90*** here.[7]

42 REVENUE CODES

For YESCARTA cell infusion – For Medicare, use either revenue code ***0891 or 0874***.[7]

For cell harvesting, storage, and preparation – For Medicare, use revenue codes ***0871, 0872, and 0873***.[7]

Hospitals should confirm revenue coding requirements for other payers.

43 DESCRIPTION

Include the brand name ***YESCARTA***. In the row above, enter the YESCARTA NDC as ***N471287011901, with no dashes***. Only the YESCARTA NDC for the infusion bag should be used for billing purposes.[1,9,10]

For cell harvesting, storage, and preparation – Enter the appropriate description of the service provided based on the HCPCS CPT code aligned to the respective revenue codes (see page 13 of this guide for detailed information).[6]

44 HCPCS CODES

For YESCARTA cell infusion – For Medicare, guidance states to not use code ***Q2041*** when cell preparation takes place in the outpatient setting and YESCARTA administration takes place in the inpatient setting. Instead, use code ***0540T*** and its corresponding revenue code. Other payers may accept and prefer the ***Q2041*** code. However, that information should be confirmed by payer.[6,8]

For cell harvesting, storage, and preparation – Enter the appropriate HCPCS CPT code for the service provided (see page 13 of this guide for detailed information). The date of service should be the date that YESCARTA was administered, not the date cells were collected.[6,8]

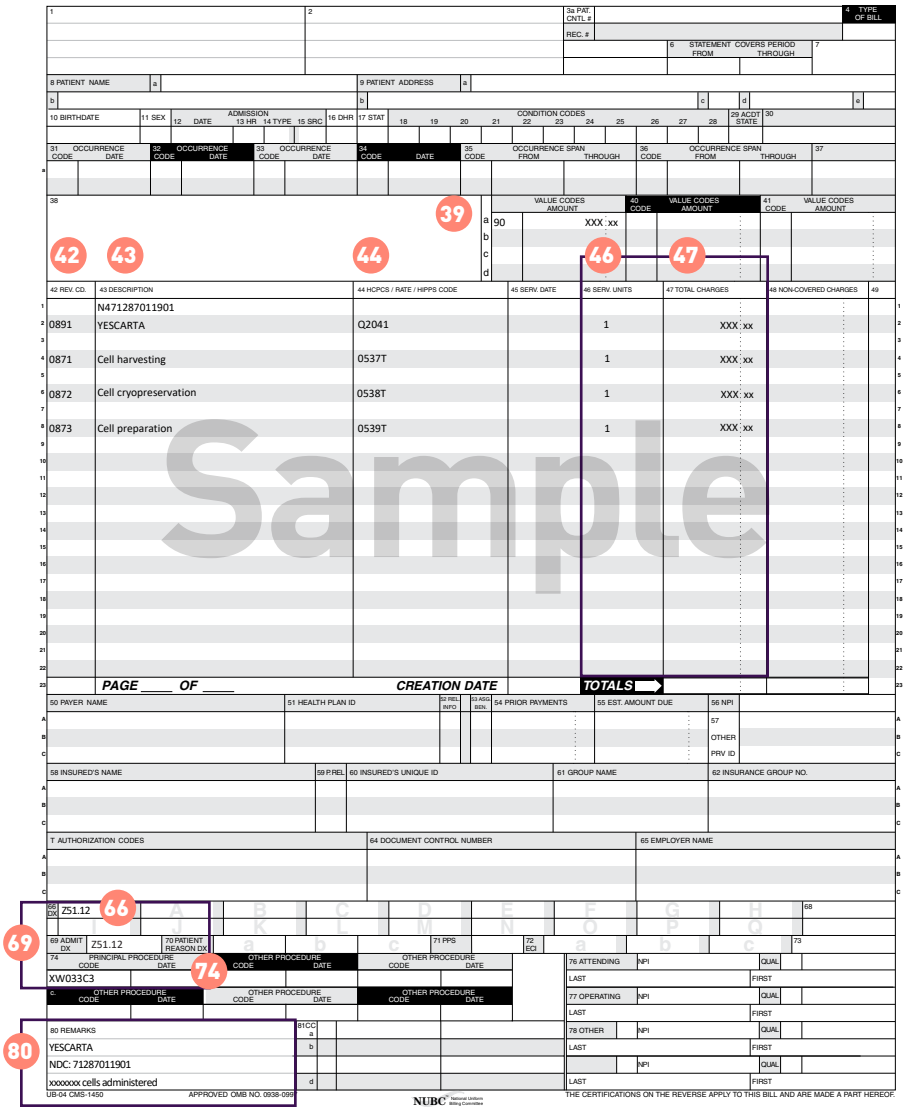
FIELDS 39 - 44

Please see Important Safety Information throughout this guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Sample CMS-1450/UB-04 Claim Form: Hospital Inpatient

This sample form is for information purposes only.



46 SERVICE UNITS

For all services, enter "1" to denote the single encounter process for each.

47 TOTAL CHARGES

Enter total charges for all steps.

66 DIAGNOSIS CODES

Enter ***Z51.12*** (Encounter for antineoplastic immunotherapy) as the first-listed or principal diagnosis. Also include codes for the appropriate neoplasm and other conditions.[2]

69 ADMIT DIAGNOSIS

Enter ***Z51.12*** (Encounter for antineoplastic immunotherapy) as the admit diagnosis.[2]

74 PRINCIPAL PROCEDURE

Enter the appropriate ICD-10-PCS code from the 2 dedicated to CAR T–specific codes (***XW033C3 or XW043C3***).[3] Other payers may also utilize these codes to establish the reimbursement methodology for YESCARTA admissions.

80 REMARKS

Enter the ***YESCARTA*** name and the ***11-digit NDC represented with no dashes: 71287011901***. Confirm any additional documentation requirements for YESCARTA inpatient claims with each payer.

FIELDS 46 - 80

Please see Important Safety Information throughout this guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

// HOSPITAL OUTPATIENT ADMINISTRATION OF YESCARTA

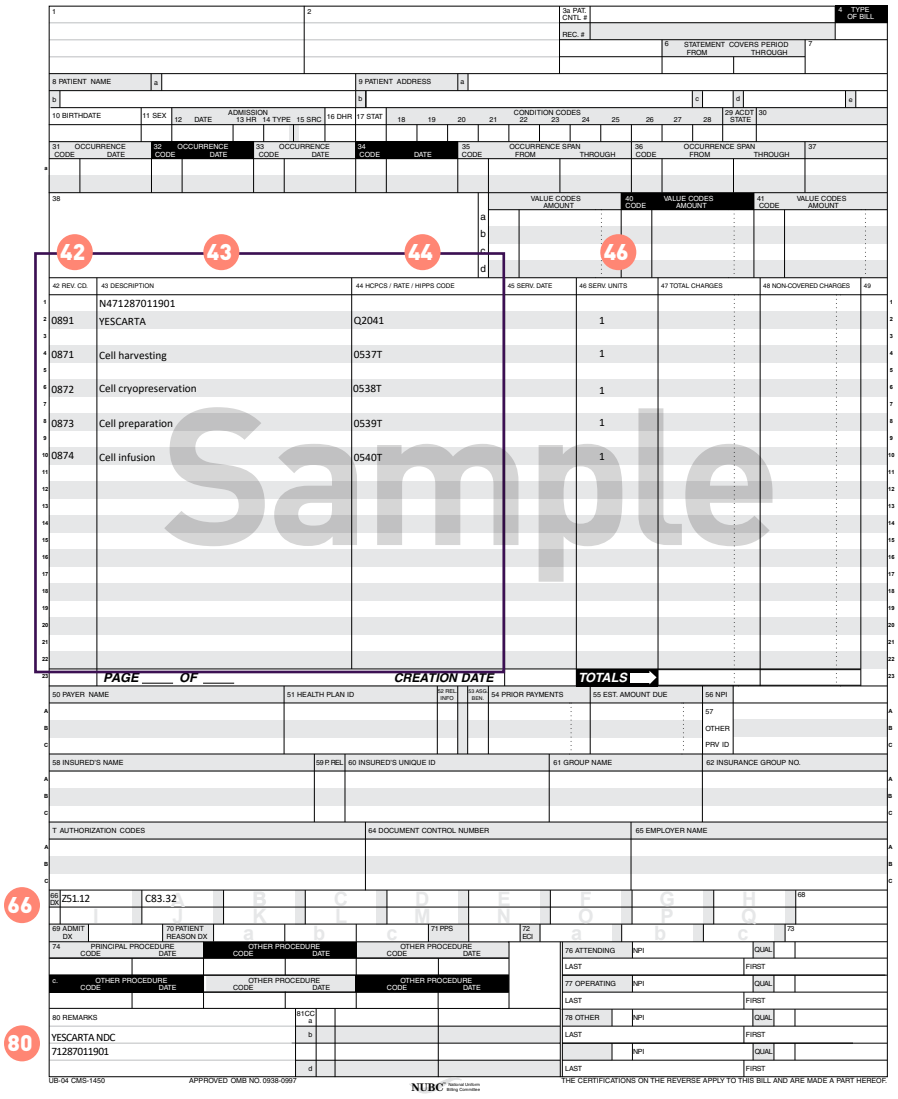
The Centers for Medicare & Medicaid Services (CMS) publishes guidance on appropriate billing and coding for CAR T therapy. This guidance is primarily applicable for claims submitted for Medicare beneficiaries. However, other insurers (including Medicaid and private insurers) may apply some or all of the specific information. Therefore, it is important for providers to confirm billing and coding requirements with each payer before submitting any claims.

Please see Important Safety Information throughout this guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Sample CMS-1450/UB-04 Claim Form: Hospital Outpatient

This sample form is for information purposes only.



42 REVENUE CODES

For YESCARTA cell infusion – For Medicare, use revenue codes ***0891 and 0874***.[7]

To track non-payable charges for cell harvesting, storage, and preparation – For Medicare, use revenue codes ***0871, 0872, or 0873***. Do not use these codes if code ***0891*** is used.[6,7]

Hospitals should confirm revenue coding requirements for other payers.

43 DESCRIPTION

Include the brand name ***YESCARTA***. In the row above, enter the YESCARTA NDC as ***N471287011901, with no dashes***. Only the YESCARTA NDC for the infusion bag should be used for billing purposes.[1]

For cell harvesting, storage, and preparation – Enter the appropriate description of the service provided based on the HCPCS CPT code aligned to the respective revenue codes (see page 13 of this guide for detailed information).[6]

44 HCPCS CODES

For YESCARTA cells – Enter ***Q2041*** to indicate YESCARTA. This code and subsequent reimbursement also includes all cell harvesting, storage, and preparation. Use code ***0540T*** to report YESCARTA administration.[6]

To track non-payable charges for cell harvesting, storage, and preparation – Enter the appropriate HCPCS CPT codes for the services provided (see page 13 of this guide for detailed information). Charges for these steps may be reported separately for tracking purposes, or be included in the charge for code ***Q2041***. The date of service should be the date that YESCARTA was administered, not the date cells were collected.[6,8]

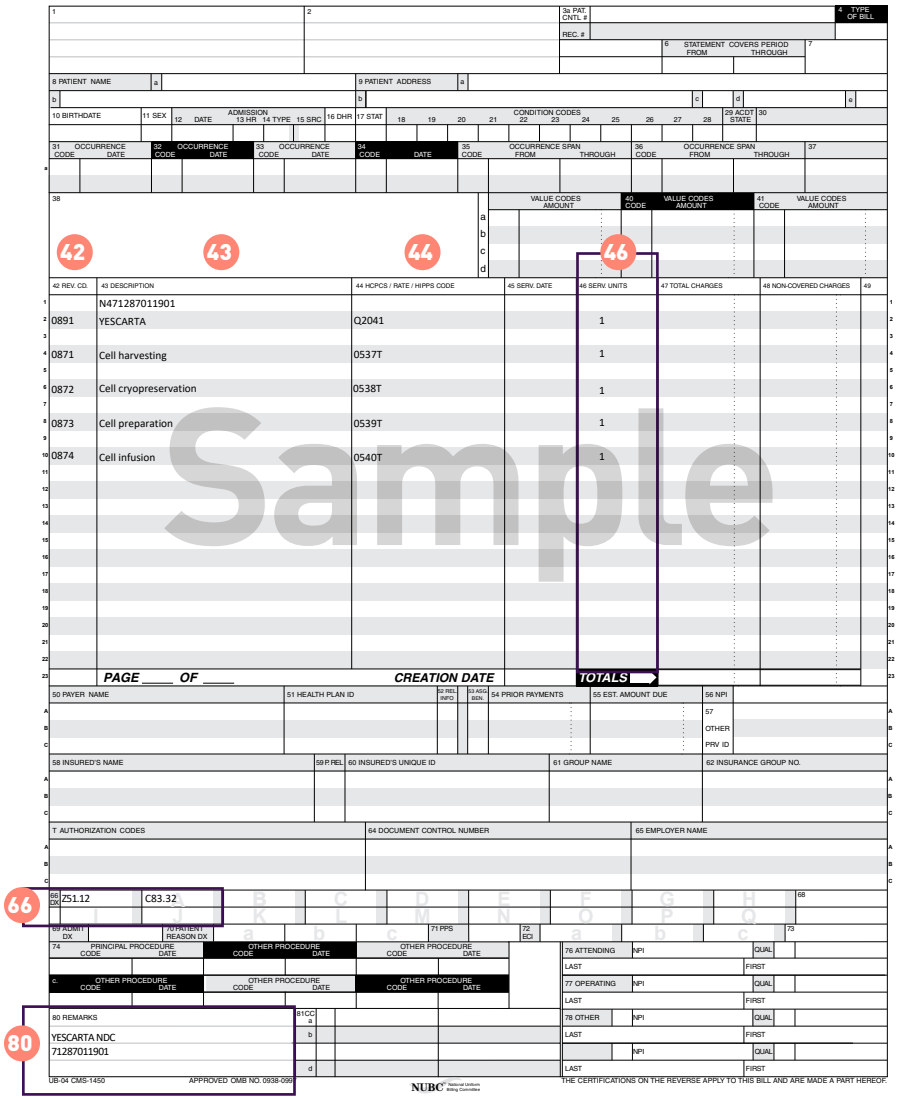
FIELDS 42 - 44

Please see Important Safety Information throughout this guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Sample CMS-1450/UB-04 Claim Form: Hospital Outpatient

This sample form is for information purposes only.



46 SERVICE UNITS

For all services, enter "1" to denote the single encounter process for each.

66 DIAGNOSIS CODES

Enter ***Z51.12 (Encounter for antineoplastic immunotherapy)*** as the first-listed or principal diagnosis. Also include codes for the appropriate neoplasm and other conditions.[2]

80 REMARKS

Enter the ***YESCARTA*** name and the ***11-digit NDC with no dashes: 71287011901***.

FIELDS 46 - 80

Please see Important Safety Information throughout this guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Kite Konnect®

KITE KONNECT® OVERVIEW

Kite Konnect® is committed to helping patients and providing information to healthcare teams throughout YESCARTA treatment.

Please see Important Safety Information throughout this guide.

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Treatment Support With Kite Konnect®

Patient Enrollment

Ongoing Commitment

Logistics Support

Reimbursement Support

If you have questions or need assistance finding an Authorized Treatment Center (ATC), please contact Kite Konnect® at 1-844-454-KITE (5483), Monday to Friday, 5AM to 6PM PT or visit KITEKONNECT.COM. Additional patient enrollment and other information may also be available through Kite Konnect®.

ATCs are independently owned and operated.
Kite does not endorse any ATC.

Please see Important Safety Information throughout this guide.

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// BEST PRACTICES CHECKLIST

The following page contains a list of best practices to complete while billing and coding for YESCARTA. Completing this checklist may help improve the accuracy of your claims. Remember to always check each payer's requirements before submitting any claims.

Please see Important Safety Information throughout this guide.

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Best Practices Checklist

Consider the Following Steps When Billing and Coding for YESCARTA

☑ Be sure to use the appropriate CPT code for leukapheresis associated with T-cell collection

For Medicare, use the Q2041 code only when YESCARTA is administered in an outpatient setting. Other payers may accept Q2041 on inpatient claims forms. If YESCARTA is administered in the hospital inpatient setting, you will need to use the Level I HCPCS CPT codes and corresponding revenue codes listed on page 13 when completing an inpatient claim for Medicare.[6,8]

☑ Contact your patient's payer to determine if there are any specific coding requirements for the hospital outpatient setting

☑ Determine the correct Medicare reimbursement methodology for the hospital inpatient setting

Effective for YESCARTA Medicare inpatient admissions on or after **October 1, 2020**, hospitals will receive payment under the new CAR T–specific **Medicare-Severity Diagnosis Related Group - MS-DRG 018 - *Chimeric Antigen Receptor (CAR) T-cell Immunotherapy***. For any YESCARTA hospital inpatient admissions prior to October 1, 2020, payment will be made under MS-DRG 016 (Autologous Bone Marrow Transplant with CC/MCC or T-cell Immunotherapy).[3]

☑ Contact your patient's payer to identify their DRG assignment or other established reimbursement methodology for YESCARTA

IMPORTANT SAFETY INFORMATION (Continued)

HYPOGAMMAGLOBULINEMIA and B-cell aplasia can occur. Hypogammaglobulinemia occurred in 17% of all patients with NHL. Monitor immunoglobulin levels after treatment and manage using infection precautions, antibiotic prophylaxis, and immunoglobulin replacement. The safety of immunization with live viral vaccines during or following YESCARTA treatment has not been studied. Vaccination with live virus vaccines is not recommended for at least 6 weeks prior to the start of lymphodepleting chemotherapy, during YESCARTA treatment, and until immune recovery following treatment.

SECONDARY MALIGNANCIES may develop. Monitor life-long for secondary malignancies. In the event that one occurs, contact Kite at 1-844-454-KITE (5483) to obtain instructions on patient samples to collect for testing.

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IMPORTANT SAFETY INFORMATION (Continued)

EFFECTS ON ABILITY TO DRIVE AND USE MACHINES: Due to the potential for neurologic events, including altered mental status or seizures, patients are at risk for altered or decreased consciousness or coordination in the 8 weeks following YESCARTA infusion. Advise patients to refrain from driving and engaging in hazardous occupations or activities, such as operating heavy or potentially dangerous machinery, during this initial period.

ADVERSE REACTIONS: The most common adverse reactions (incidence ≥20%) in patients with LBCL included CRS, fever, hypotension, encephalopathy, tachycardia, fatigue, headache, decreased appetite, chills, diarrhea, febrile neutropenia, infections with pathogen unspecified, nausea, hypoxia, tremor, cough, vomiting, dizziness, constipation, and cardiac arrhythmias. The most common non-laboratory adverse reactions (incidence ≥20%) in patients with iNHL included fever, CRS, hypotension, encephalopathy, fatigue, headache, infections with pathogen unspecified, tachycardia, febrile neutropenia, musculoskeletal pain, nausea, tremor, chills, diarrhea, constipation, decreased appetite, cough, vomiting, hypoxia, arrhythmia, and dizziness.

Please see additional Important Safety Information throughout and full Prescribing Information, including BOXED WARNING and Medication Guide.

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References

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