YESCARTA®
CODING AND BILLING 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, a Gilead Company, and its agents disclaim any and all liability as a result of denied claims or incorrect codes.

INDICATIONS

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

- Adult patients with large B-cell lymphoma that is refractory to first-line chemoimmunotherapy or that relapses within 12 months of first-line chemoimmunotherapy.
- 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.
- 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).

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

// CONTENTS

CAR=chimeric antigen receptor; CMS=Centers for Medicare & Medicaid Services.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

// CODING AND BILLING GUIDE OVERVIEW

References

Please see full Prescribing Information, including **BOXED WARNING** and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Hospital Coding and Billing Guide Overview

This resource provides an overview of the current relevant codes, as of December 2025, that may be potential options for use with YESCARTA®. The information within covers both hospital (inpatient and outpatient) and community practice 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 specific contract the Authorized Treatment Center (ATC)* has 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 December 2025. 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.

*Authorized Treatment Centers are independent facilities that dispense Kite CAR T therapies. Choice of an Authorized Treatment Center is within the sole discretion of the physician and patient. Kite does not endorse any individual treatment sites.

CAR=chimeric antigen receptor.

IMPORTANT SAFETY INFORMATION

WARNING: CYTOKINE RELEASE SYNDROME, NEUROLOGIC TOXICITIES, and SECONDARY HEMATOLOGICAL MALIGNANCIES

- **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.**
- **T cell malignancies have occurred following treatment of hematologic malignancies with BCMA- and CD19-directed genetically modified autologous T cell immunotherapies, including YESCARTA.**

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

THE CAR T PATIENT-CARE PROCESS

CAR=chimeric antigen receptor.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

The CAR T Patient-Care Process

YESCARTA® is administered as a one-time infusion at an ATC.[1]

Patient Evaluation	Payer Approval	Leukapheresis	Cell Manufacturing	Conditioning Chemotherapy	Infusion	Monitor & Follow Up
Determine eligibility and initiate prescribing process	Receive payer authorization, execute single-case agreement if applicable	T cells are isolated from the peripheral blood	The harvested T cells are shipped to a manufacturing facility where they are modified into CAR T cells and expanded in number	Prior to CAR T infusion, the patient receives a low-dose lymphodepleting chemotherapy regimen	CAR T is administered to the patient at an ATC. This may be done in a healthcare facility (i.e., hospital; inpatient or outpatient) or community practice setting	Patients are closely monitored at least daily for 7 days for signs and symptoms of CRS, neurologic toxicities, and other side effects and should remain within close proximity of a healthcare facility for at least 2 weeks

ATC=Authorized Treatment Center; CAR=chimeric antigen receptor; CRS=cytokine release syndrome.

IMPORTANT SAFETY INFORMATION

CYTOKINE RELEASE SYNDROME (CRS)

CRS, including fatal or life-threatening reactions, occurred following treatment with YESCARTA. CRS occurred in 90% (379/422) of patients with non-Hodgkin lymphoma (NHL), including ≥ Grade 3 CRS in 9%. CRS occurred in 93% (256/276) of patients with large B-cell lymphoma (LBCL), including ≥ Grade 3 in 9%. Among patients with LBCL who died after receiving YESCARTA, 4 had ongoing CRS events at the time of death. For patients with LBCL in Study 2, the median time to onset of CRS was 2 days following infusion (range: 1-12 days) and the median duration was 7 days (range: 2-58 days). For patients with LBCL in Study 1, the median time to onset of CRS was 3 days following infusion (range: 1-10 days) and the median duration was 7 days (range: 2-43 days).

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

// OVERVIEW OF CODING FOR DIAGNOSIS, PREPARATION, AND ADMINISTRATION

References

Please see full Prescribing Information, including **BOXED WARNING** and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Overview of Coding

This section presents an overview of code sets for diagnosis, preparation, administration, and remote patient monitoring services in both hospital (inpatient and outpatient) and community practice settings. Please check with each payer for payer-specific requirements before submitting any claims for YESCARTA®.

	Hospital Outpatient	Hospital Inpatient	Community Practice
Diagnosis Coding			
Diagnosis Coding for Product Indications	ICD-10-CM	ICD-10-CM	ICD-10-CM
Diagnosis Coding for Complications	ICD-10-CM	ICD-10-CM	ICD-10-CM
Procedure Coding			
Cell Collection and Cell Processing Services	Revenue Code; Level I HCPCS CPT Code	Revenue Code; Level I HCPCS CPT Code	Level I HCPCS CPT Code
Administration	Revenue Code; Level I HCPCS CPT Code	ICD-10-PCS; Revenue Code; Level I HCPCS CPT Code	Level I HCPCS CPT Code
Remote Patient Monitoring Services Coding			
	HCPCS CPT Code	N/A	HCPCS CPT Code
Product Coding			
	Revenue Code; NDC; Level II HCPCS Product Code	Revenue Code; NDC	NDC; Level II HCPCS Product Code

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System;
ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; NDC=National Drug Code.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Diagnosis Coding

Diagnosis Coding for Product Indications

The following table lists the possible International Classification of Diseases, Tenth 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[2]
C82.01-C82.09	Follicular lymphoma grade I
C82.11-C82.19	Follicular lymphoma grade II
C82.31-C82.39	Follicular lymphoma grade IIIa
C82.41-C82.49	Follicular lymphoma grade IIIb
C82.51-C82.59	Diffuse follicle center lymphoma
C82.61-C82.69	Cutaneous follicle center lymphoma

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

IMPORTANT SAFETY INFORMATION

CYTOKINE RELEASE SYNDROME (CRS) (continued)

CRS occurred in 84% (123/146) of patients with indolent non-Hodgkin lymphoma (iNHL) in Study 3, including ≥ Grade 3 CRS in 8%. Among patients with iNHL who died after receiving YESCARTA, 1 patient had an ongoing CRS event 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.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Diagnosis Coding for Product Indications (continued)

ICD-10-CM Diagnosis Code[2]	Description[2]
C82.81-C82.89	Other types of follicular lymphoma
C82.91-C82.99	Follicular lymphoma, unspecified
C83.31-C83.39	Diffuse large B-cell lymphoma
C83.91-C83.99	Non-follicular (diffuse) lymphoma, unspecified
C85.21-C85.29	Mediastinal (thymic) large B-cell lymphoma
C85.81-C85.89	Other specified types of non-Hodgkin lymphoma
Z51.12*	Encounter for antineoplastic immunotherapy

*If the purpose of a visit is for the administration of CAR T, ICD-10-CM diagnosis code Z51.12 (Encounter for antineoplastic immunotherapy) should be reported as the principal diagnosis, and the malignancy for which CAR T therapy is being administered should be assigned as the secondary diagnosis.[2]

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

CAR=chimeric antigen receptor; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

IMPORTANT SAFETY INFORMATION

CYTOKINE RELEASE SYNDROME (CRS) (continued)

Key manifestations of CRS (≥ 10%) in all patients combined included fever (85%), hypotension (40%), tachycardia (32%), chills (22%), hypoxia (20%), headache (15%), and fatigue (12%). Serious events that may be associated with CRS include, cardiac arrhythmias (including atrial fibrillation and ventricular tachycardia), renal insufficiency, cardiac failure, respiratory failure, cardiac arrest, capillary leak syndrome, multi-organ failure, and hemophagocytic lymphohistiocytosis/macrophage activation syndrome (HLH/MAS).

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Diagnosis Coding for Complications

Certain complications and toxicities may occur with the use of YESCARTA®. The most common complications include cytokine release syndrome (CRS) and neurologic toxicities or Immune Effector Cell-Associated Neurotoxicity (ICANS).[1]

There are ICD-10-CM codes that identify that a patient has experienced a complication of immune effector cell therapy, and there are also codes that further specify the grade of either CRS or ICANS, though both CRS and ICANS have established diagnosis codes. There may be additional complications or signs of symptoms that may be relevant and may be coded.

To indicate that a patient has CRS and/or ICANS as a complication of YESCARTA treatment, sequence first the appropriate code in the table below:

Complications Codes[2]	
ICD-10-CM Diagnosis Code	**Description**
T80.82XA	Complication of immune effector cellular therapy, initial encounter
T80.82XD	Complication of immune effector cellular therapy, subsequent encounter
T80.82XS	Complication of immune effector cellular therapy, sequela

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

IMPORTANT SAFETY INFORMATION

CYTOKINE RELEASE SYNDROME (CRS) (continued)

The impact of tocilizumab and/or corticosteroids on the incidence and severity of CRS was assessed in 2 subsequent cohorts of LBCL patients in Study 2. Among patients who received tocilizumab and/or corticosteroids for ongoing Grade 1 events, CRS occurred in 93% (38/41), including 2% (1/41) with Grade 3 CRS; no patients experienced a Grade 4 or 5 event. The median time to onset of CRS was 2 days (range: 1-8 days) and the median duration of CRS was 7 days (range: 2-16 days). Prophylactic treatment with corticosteroids was administered to a cohort of 39 patients for 3 days beginning on the day of infusion of YESCARTA. Thirty-one of the 39 patients (79%) developed CRS and were managed with tocilizumab and/or therapeutic doses of corticosteroids with no patients developing ≥ Grade 3 CRS. The median time to onset of CRS was 5 days (range: 1-15 days) and the median duration of CRS was 4 days (range: 1-10 days). Although there is no known mechanistic explanation, consider the risk and benefits of prophylactic corticosteroids in the context of pre-existing comorbidities for the individual patient and the potential for the risk of Grade 4 and prolonged neurologic toxicities.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Diagnosis Coding for Complications (continued)

Code the appropriate complication and grade from the table below:

CRS Codes[2]	
ICD-10-CM Diagnosis Code	**Description**
D89.831	Cytokine release syndrome, grade 1
D89.832	Cytokine release syndrome, grade 2
D89.833	Cytokine release syndrome, grade 3
D89.834	Cytokine release syndrome, grade 4
D89.835	Cytokine release syndrome, grade 5
D89.839	Cytokine release syndrome, grade unspecified

ICANS Codes[2]	
ICD-10-CM Diagnosis Code	**Description**
G92.00	Immune effector cell-associated neurotoxicity syndrome, grade unspecified
G92.01	Immune effector cell-associated neurotoxicity syndrome, grade 1
G92.02	Immune effector cell-associated neurotoxicity syndrome, grade 2
G92.03	Immune effector cell-associated neurotoxicity syndrome, grade 3
G92.04	Immune effector cell-associated neurotoxicity syndrome, grade 4
G92.05	Immune effector cell-associated neurotoxicity syndrome, grade 5

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

CRS=cytokine release syndrome; ICANS=immune effector cell-associated neurotoxicity syndrome; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

IMPORTANT SAFETY INFORMATION

CYTOKINE RELEASE SYNDROME (CRS) (continued)

Confirm that 2 doses of tocilizumab are available prior to infusion of YESCARTA. Monitor patients at least daily for 7 days following infusion for signs and symptoms of CRS. Monitor patients for signs or symptoms of CRS for 2 weeks after infusion. 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.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Procedure Coding: Cell Collection, Cell Processing, and Administration

Delivering CAR T episode of care requires coordination across several departments and accurate ordering, documentation, and coding in order for the hospital to receive reimbursement. This section focuses on coding of different procedural services associated with administration of CAR T products — **Cell Collection, Cell Processing Services, and Administration** of CAR T. After a service is completed, it is the provider's responsibility to ensure assigning the most appropriate procedure codes.[2]

Revenue Codes

Payers utilize revenue codes to align services with specific departments within a hospital.[3] A series of revenue codes specific to cell therapy were developed to capture information for services related to cell collection, storage, preparation, administration, and the charges for the CAR T cell therapy product.[4] These codes are used in conjunction with Level I and II Healthcare Common Procedure Coding System (HCPCS) codes to document the clinical management of YESCARTA® therapy.[5] It is the provider's responsibility to contact each payer for payer-specific coding requirements before submitting any claims.

Level I HCPCS CPT Codes

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.[5]

For Medicare, hospitals may choose from 3 billing options: 1) to include the charges for the various steps in the charge submitted for the biological[5]; 2) to report these charges separately for tracking purposes (documented under 38225, 38226, and 38227)[4,5]; or 3) if the CAR T cell therapy product is administered to the patient as a hospital inpatient, hold the charges for these services and report them under the appropriate revenue codes in the inpatient CAR T cell therapy claim.[6]

For Medicare, community practices may choose from 2 billing options: (1) to include the charges for the various steps in the charge submitted for the biological; or (2) to report these charges separately for tracking purposes (documented under 38225, 38226, and 38227).[5,6]

For non-Medicare payers, it is the provider's responsibility to contact each payer for payer-specific coding requirements before submitting any claims.

IMPORTANT SAFETY INFORMATION

NEUROLOGIC TOXICITIES

Neurologic toxicities including immune effector cell-associated neurotoxicity syndrome (ICANS) that were fatal or life-threatening occurred following treatment with YESCARTA. Neurologic toxicities occurred in 78% (330/422) of patients with NHL (excluding central nervous system lymphoma) receiving YESCARTA, including ≥ Grade 3 in 25% in Study 1, Study 2, and Study 3.

CAR=chimeric antigen receptor.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Procedure Coding: Cell Collection, Cell Processing, and Administration (continued)

ICD-10-PCS Codes

International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) codes are used to identify inpatient hospital procedures.[7] Medicare has assigned new ICD-10-PCS codes for YESCARTA, which will be effective for dates of service on or after October 1, 2021.[7] Medicare has also redefined the hospital inpatient CAR T cell therapy payment, effective for services on or after October 1, 2021: MS-DRG 018 - Chimeric Antigen Receptor (CAR) T-cell and Other Immunotherapies.[7] Applying the appropriate ICD-10-PCS code for YESCARTA as listed will align inpatient admissions to MS-DRG 018 for payment.[7] It is the provider's responsibility to contact each payer for payer-specific coding requirements before submitting any claims.

CAR=chimeric antigen receptor; MS-DRG=Medicare Severity Diagnosis-Related Group.

IMPORTANT SAFETY INFORMATION

NEUROLOGIC TOXICITIES (continued)

Neurologic toxicities occurred in 87% (94/108) of patients with LBCL in Study 2, including ≥ Grade 3 in 31% and in 74% (124/168) of patients in Study 1 including ≥ Grade 3 in 25%. The median time to onset was 4 days (range: 1-43 days) and the median duration was 17 days for patients with LBCL in Study 2. The median time to onset for neurologic toxicity was 5 days (range: 1-133 days) and median duration was 15 days in patients with LBCL in Study 1. 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. Ninety-eight percent 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 in 87% of affected patients with LBCL and 74% of affected patients with iNHL.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Cell Collection and Cell Processing Services

The table below shows the recommended revenue codes and CPT codes for reporting cell collection and cell processing services.

Revenue Code[2]	Level I HCPCS CPT Code[6]	Description[2]	Notes
0871: Cell/gene therapy – cell collection	**38225**	Chimeric antigen receptor T cell (CAR T) therapy; harvest of blood-derived T lymphocytes for development of genetically modified autologous CAR T cells, per day	Medicare guidance gives several options for how to report charges for cell collection and processing services for CAR T cell therapy. It is important to review and select the most appropriate billing option for these services.[5]* CPT codes for cell collection and processing: leukapheresis (38225), cell handling (38226), and processing (38227) are still "bundled" by Medicare, indicating that CMS does not pay separately for these codes under OPPS.[6†] CPT codes for cell collection and processing: leukapheresis (38225), preparation (38226), receipt and preparation for administration (38227) are "bundled" for MPFS.[6†]
0872: Cell/gene therapy – specialized biologic processing and storage – prior to transport	**38226**	Chimeric antigen receptor T cell (CAR T) therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage)	
0873: Cell/gene therapy – storage and processing after receipt of cells from manufacturer	**38227**	Chimeric antigen receptor T cell (CAR T) therapy; receipt and preparation of CAR T cells for administration	

*As of March 15, 2019, CMS issued the following billing code options for CAR T cell therapy.[5]

†Commercial payers can pay for these services separately or bundled, depending on business model.

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System.

IMPORTANT SAFETY INFORMATION

NEUROLOGIC TOXICITIES (continued)

The most common neurologic toxicities (≥ 10%) in all patients combined included encephalopathy (50%), headache (43%), tremor (29%), dizziness (21%), aphasia (17%), delirium (15%), and insomnia (10%). Prolonged encephalopathy lasting up to 173 days was noted. Serious events, including aphasia, leukoencephalopathy, dysarthria, lethargy, and seizures occurred. Fatal and serious cases of cerebral edema and encephalopathy, including late-onset encephalopathy, have occurred.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Administration

ICD-10-PCS codes are used for reporting inpatient hospital procedures.[2]

ICD-10-PCS Code[2]	Description[2]
XW033H7	Introduction of axicabtagene ciloleucel immunotherapy (peripheral vein approach)
XW043H7	Introduction of axicabtagene ciloleucel immunotherapy (central vein approach)

CPT codes are used for outpatient hospital and professional claims to report for administration, associated services, and individual products.[5]

Revenue Code[2]	Level I HCPCS CPT Code[6]	Description[2]	Notes
0874: Cell/gene therapy – infusion of modified cells	**38228**	Chimeric antigen receptor T cell (CAR T) therapy; CAR T cell administration, autologous	Medicare guidance gives several options for how to report charges for cell collection and processing services for CAR T cell therapy. It is important to review and select the most appropriate billing option for these services.[6]* CPT code 38228 is considered payable by Medicare and is used to document YESCARTA® administration.[6]

*As of March 15, 2019, CMS issued the following billing code options for CAR T cell therapy.[5]

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service. CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-PCS=International Classification of Diseases, Tenth Revision, Procedure Coding System.

IMPORTANT SAFETY INFORMATION

NEUROLOGIC TOXICITIES (continued)

The impact of tocilizumab and/or corticosteroids on the incidence and severity of neurologic toxicities was assessed in 2 subsequent cohorts of LBCL patients in Study 2. Among patients who received corticosteroids at the onset of Grade 1 toxicities, neurologic toxicities occurred in 78% (32/41) and 20% (8/41) had Grade 3 neurologic toxicities; no patients experienced a Grade 4 or 5 event. The median time to onset of neurologic toxicities was 6 days (range: 1-93 days) with a median duration of 8 days (range: 1-144 days). Prophylactic treatment with corticosteroids was administered to a cohort of 39 patients for 3 days beginning on the day of infusion of YESCARTA. Of those patients, 85% (33/39) developed neurologic toxicities; 8% (3/39) developed Grade 3 and 5% (2/39) developed Grade 4 neurologic toxicities. The median time to onset of neurologic toxicities was 6 days (range: 1-274 days) with a median duration of 12 days (range: 1-107 days). Prophylactic corticosteroids for management of CRS and neurologic toxicities may result in higher grade of neurologic toxicities or prolongation of neurologic toxicities, delay the onset, and decrease the duration of CRS.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Remote Patient Monitoring Services Coding[8]

The following CPT and HCPCS codes are used to bill for remote patient monitoring services.

HCPCS CPT Code	Description	Time
99091	Monthly review of data	30 minutes
99453	RPM device set up	N/A
99454	Monthly review of RPM data	16 or more days over a 30-day period
99457	Patient-provider communication related to RPM data	20 minutes
99458	Patient-provider communication related to RPM data	Additional 20 minutes
98975	RTM device set up and patient education	N/A
98976	RTM monitoring, respiratory	16 or more days over a 30-day period
98977	RTM monitoring, musculoskeletal	16 or more days over a 30-day period
98980	Patient-provider communication related to therapeutic device	20 minutes
98981	Additional time required for 98975-98978 or 90980	Additional 20 minutes

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; RPM=remote physiologic monitoring; RTM=remote therapeutic monitoring.

IMPORTANT SAFETY INFORMATION

NEUROLOGIC TOXICITIES (continued)

Neurologic toxicities occurred in 85% (11/13) of patients with relapsed/refractory primary central nervous system lymphoma (PCNSL) in Study 4. 31% (4/13) of patients had Grade 3 neurologic toxicities. The median time to onset of neurologic toxicities was 3 days (range: 1 to 9 days) and the median time to onset of first Grade ≥ 3 neurologic toxicity was 9.5 days (range: 5 to 158 days). The median duration of neurologic toxicities was 59 days (range: 52 to 87 days) while 45% (5/11) of patients had ongoing neurological toxicities at the time of study withdrawal, death, or data cut off. The most common neurologic toxicities (≥ 10%) in patients with PCNSL included confusional state (38%), headache (31%), somnolence (31%), disturbance in attention (23%), lethargy (23%), tremor (23%), gait disturbance (15%), hypersomnia (15%), insomnia (15%), and seizures (15%).

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

// Product Coding

The NUBC developed revenue codes to report charges for cell and gene therapy products, similar to those for services like cell collection. Additionally, HCPCS Level II product codes were established to describe FDA-approved CAR T products.[2]

Level II HCPCS Product Code

A Level II HCPCS product code is used to report the use of the biological product YESCARTA® in the hospital outpatient and community practice setting for Medicare.[4] The YESCARTA code, Q2041, has a description that includes the services of leukapheresis, and all cell preparation.[4] Please see the note on Level I HCPCS CPT codes for more information about Medicare's billing options for the leukapheresis and cell processing services that are in the description of Q2041.[5]

The Q2041 code should only be designated on a CMS-1450 claim form for Medicare claims when YESCARTA is delivered in the hospital outpatient setting.[4,9] Other payers outside Medicare may, however, utilize the Q2041 code for inpatient claims as well.

Providers should contact each payer to clarify the specific coding requirements before submitting any claims.

Revenue Code[2]	Level II HCPCS Product Code[2]	Description[2]
0891: Special Processed Drugs – FDA Approved Cell Therapy	**Q2041**	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 car-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

CAR=chimeric antigen receptor; CMS=Centers for Medicare and Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; NUBC=National Uniform Billing Committee.

IMPORTANT SAFETY INFORMATION

NEUROLOGIC TOXICITIES (continued)

Monitor patients for signs and symptoms of neurologic toxicities following infusion at least daily for 7 days; and for 2 weeks thereafter and treat promptly. Advise patients to avoid driving for at least 2 weeks following infusion.

HYPERSENSITIVITY REACTIONS

Allergic reactions may occur with the infusion of YESCARTA. Serious hypersensitivity reactions, including anaphylaxis, may be due to dimethyl sulfoxide (DMSO) or residual gentamicin in YESCARTA.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

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) and professional claims forms.[1,11] It is the provider's responsibility to contact each payer for payer-specific coding requirements before submitting any claims.

Product NDC[1,10]	Description[1]	Notes[10,11]
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.

Payers, including individual Medicare Administrative Contractors (MACs), may request utilization of a value code on the claim form (potentially accompanied by an invoice). Providers should contact each payer to clarify the specific coding requirement before submitting any claims.

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

IMPORTANT SAFETY INFORMATION

SERIOUS INFECTIONS

Severe or life-threatening infections occurred after YESCARTA infusion. Infections (all grades) occurred in 45% of patients with NHL. Grade 3 or higher infections occurred in 17% of patients, including ≥ Grade 3 infections with an unspecified pathogen in 12%, bacterial infections in 5%, viral infections in 3%, 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 antimicrobials according to local guidelines.

Febrile neutropenia was observed in 36% of 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.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

HOSPITAL OUTPATIENT ADMINISTRATION

The YESCARTA® product-specific HCPCS code is Q2041 (axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose).[2]

Medicare requires this code on hospital outpatient claims when cells are delivered in that setting. Other payers may apply the Q2041 code for outpatient and other settings of care. It is important for providers to confirm coding and billing requirements with each payer before submitting claims.

CAR=chimeric antigen receptor; HCPCS=Healthcare Common Procedure Coding System.

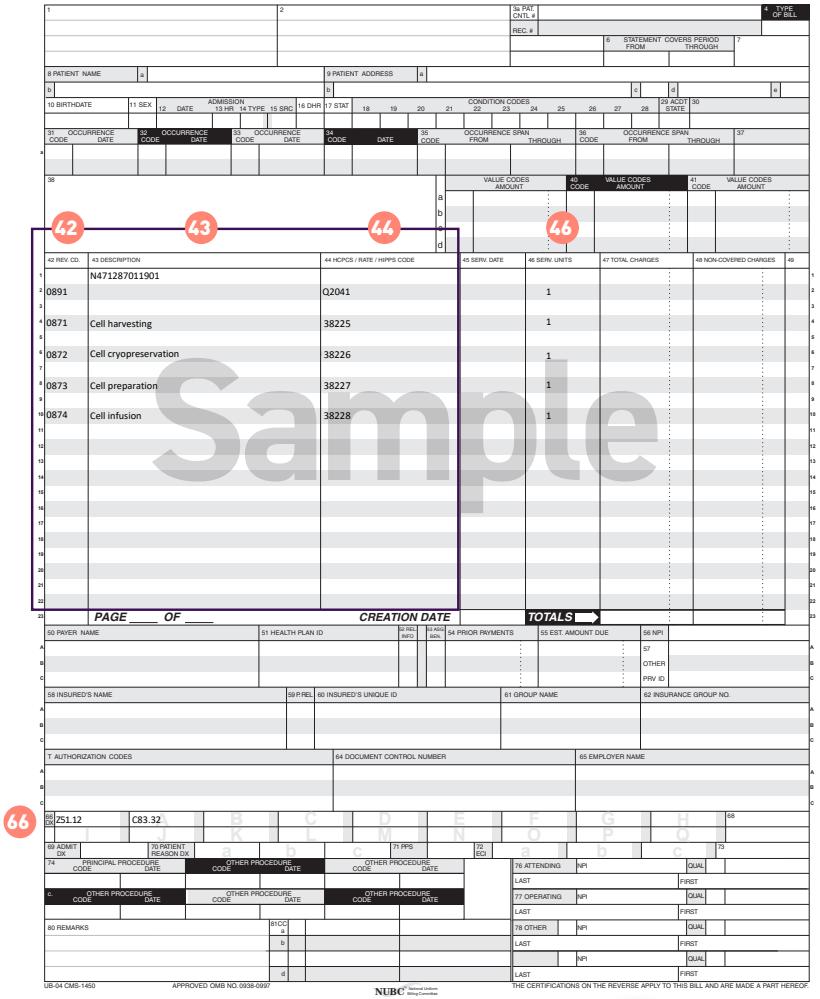
References

Please see full Prescribing Information, including BOXED WARNING and Medication 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.



FIELDS 42 - 44

42 REVENUE CODES

For YESCARTA® cell infusion – Use revenue code ***0874***.[2]

For YESCARTA product charges - Use revenue code ***0891*** with HCPCS code ***Q2041***.[2]

For cell harvesting, storage, and preparation – Use revenue codes ***0871, 0872, or 0873***.[2]

For Medicare, there are billing options for how to report the charges for cell harvesting, storage, and preparation on hospital outpatient claims. It is important to review these options.[5]

43 DESCRIPTION

Medicaid programs require the reporting of NDC information, and other payers may also request or require NDC information to be reported.[1,10] If so, enter the YESCARTA NDC as ***N471287011901, with no dashes***.[1] Only the YESCARTA NDC for the infusion bag should be used for billing purposes.[1] These payers may also have additional requirements on reporting the unit of measurement in this field.

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 14 of this guide for detailed information).[5]

44 HCPCS CODES

For YESCARTA cells – Enter ***Q2041*** to indicate YESCARTA. Use code ***38228*** to report YESCARTA administration.[5,6]

Medicare has provided 3 scenarios for how to bill the services described by HCPCS Level I CPT codes ***38225, 38226, and 38227***.[5,6] These codes may be reported for tracking purposes but are non-payable. Another option is to include the charges for these services in the charge of ***Q2041***.[5] In this situation, the date of service should be the date that YESCARTA was administered, not the date the cells were collected.[5]

This sample form is for information purposes only. It is not intended to be directive, nor does use of the codes listed guarantee reimbursement. Healthcare providers and staff may find other codes more appropriate. It is the responsibility of providers to select the coding options that best reflect internal systems, payer requirements, and medically necessary services rendered. Providers are responsible for the accuracy of billing and claims submitted for reimbursement.

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; NDC=National Drug Code.

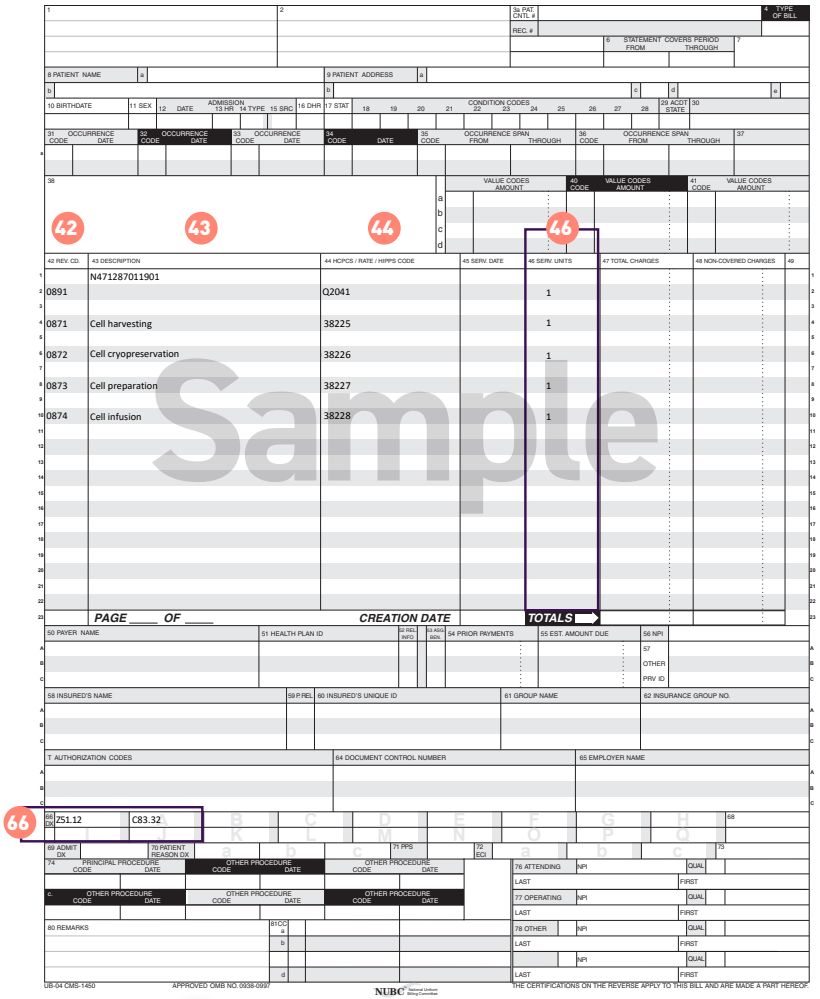
References

Please see full Prescribing Information, including BOXED WARNING and Medication 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.



FIELDS 46 - 66

46 SERVICE UNITS

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

66 DIAGNOSIS CODES

Enter the ICD-10-CM diagnosis code that appropriately describes the principal and secondary diagnoses.

This sample form is for information purposes only. It is not intended to be directive, nor does use of the codes listed guarantee reimbursement. Healthcare providers and staff may find other codes more appropriate. It is the responsibility of providers to select the coding options that best reflect internal systems, payer requirements, and medically necessary services rendered. Providers are responsible for the accuracy of billing and claims submitted for reimbursement.

CPT=Current Procedural Terminology; ICD-10-PCS=International Classification of Diseases, Tenth Revision, Procedure Coding System.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

HOSPITAL INPATIENT ADMINISTRATION

Outside of Medicare, other payers may apply different payment methodologies for inpatient admissions related to administration of YESCARTA®. Providers should work directly with each payer to confirm both claims coding and documentation, as well as payment methodology. 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.

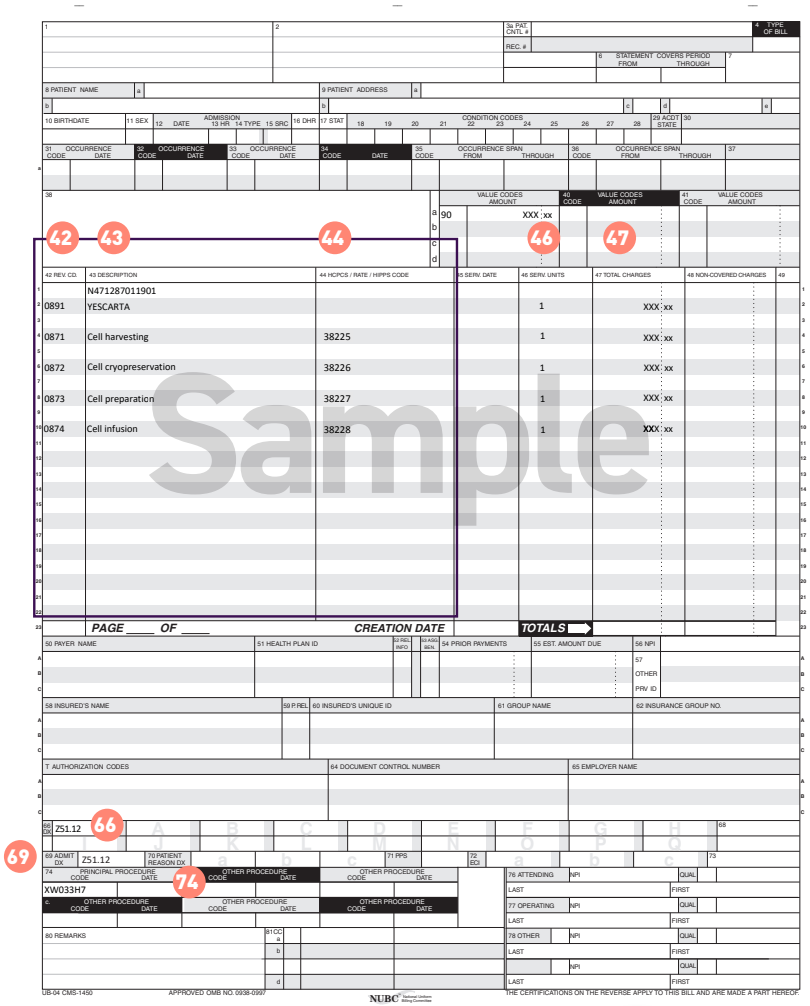
References

Please see full Prescribing Information, including BOXED WARNING and Medication 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.



FIELDS 42 - 44

42 REVENUE CODES

For reporting the YESCARTA® product charge – Use revenue code ***0891***.[2]

For YESCARTA cell infusion – Use revenue code ***0874***.[2]

For cell harvesting, storage, and preparation – Use revenue codes ***0871, 0872, and 0873***.[2]

43 DESCRIPTION

If the payer requests or requires NDC information to be reported, enter the YESCARTA NDC as ***N471287011901, with no dashes***.[1,10] Only the YESCARTA NDC for the infusion bag should be used for billing purposes.

Confirm any additional documentation requirements for YESCARTA inpatient claims with each payer.

44 REPORTING THE YESCARTA PRODUCT

For YESCARTA cell infusion – For Medicare, HCPCS codes are not reported in inpatient claims[5]; but the charge for the YESCARTA product is reported using revenue code ***0891***, which is an extension of pharmacy.[2] Other payers may request the use of the YESCARTA HCPCS code ***Q2041***.[2] However, that information should be confirmed by payer.

This sample form is for information purposes only. It is not intended to be directive, nor does use of the codes listed guarantee reimbursement. Healthcare providers and staff may find other codes more appropriate. It is the responsibility of providers to select the coding options that best reflect internal systems, payer requirements, and medically necessary services rendered. Providers are responsible for the accuracy of billing and claims submitted for reimbursement.

HCPCS=Healthcare Common Procedure Coding System; NDC=National Drug Code.

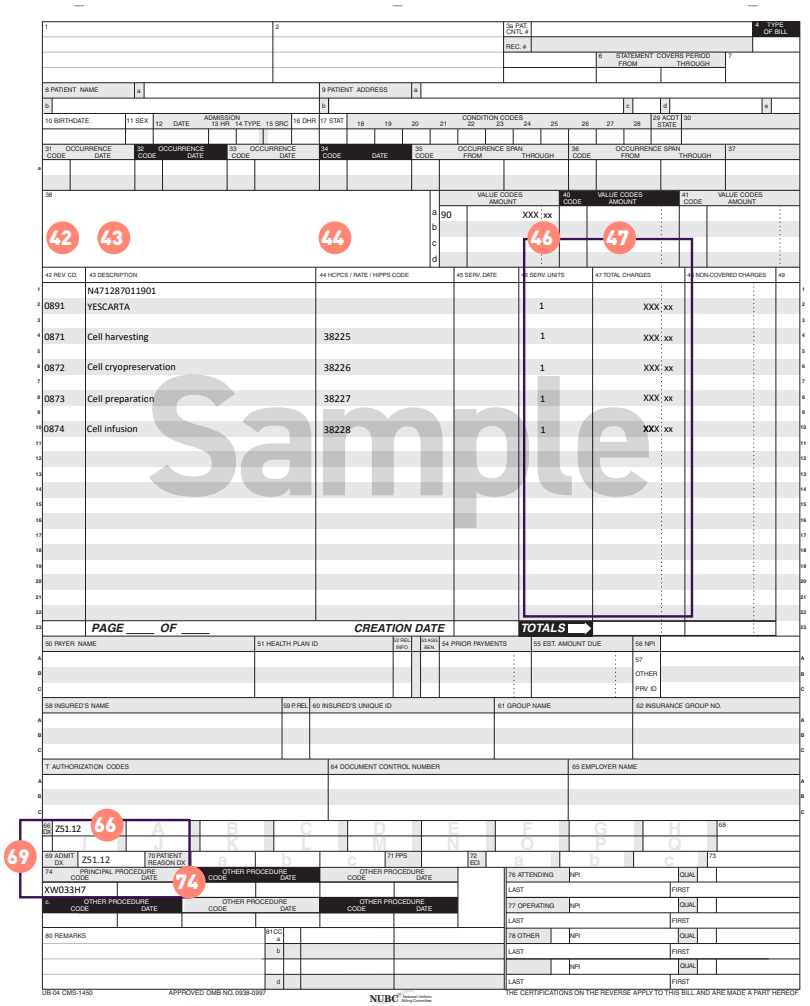
References

Please see full Prescribing Information, including BOXED WARNING and Medication 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.



FIELDS 46 - 74

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 the ICD-10-CM diagnosis code that appropriately describes the principal and secondary diagnoses

69 ADMIT DIAGNOSIS

Enter the ICD-10-CM diagnosis code that appropriately describes the admitting diagnosis

74 PRINCIPAL PROCEDURE

Enter the appropriate ICD-10-PCS code from the 2 dedicated to CAR T–specific codes (***XW033H7*** or ***XW043H7***).[2]

This sample form is for information purposes only. It is not intended to be directive, nor does use of the codes listed guarantee reimbursement. Healthcare providers and staff may find other codes more appropriate. It is the responsibility of providers to select the coding options that best reflect internal systems, payer requirements, and medically necessary services rendered. Providers are responsible for the accuracy of billing and claims submitted for reimbursement.

CAR=chimeric antigen receptor; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

// MEDICARE BILLING FOR COMMUNITY PRACTICES

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Medicare Billing For Community Practices

CMS has issued billing instructions for submitting professional claims for CAR T product and administration for Places of Service* 11 (community practices/physician offices) and 49 (independent clinics).[12]

CAR T-related HCPCS codes cannot be processed in the current Medicare Multi Carrier System because it was set up to allow a maximum of 7 digits for the dollar amount (line item on total maximum of 99999.99). This means nothing greater than $99999.99 can be reported, while CAR T cell products need to bill as 1 unit with a dollar amount of 8 digits. Providers will need to utilize a new modifier, -LU to allow for fractionated billing of the HCPCS code.[12]

Providers bill in 0.2-unit or 0.1-unit fractions based on the allowed amount.[12] YESCARTA® should be billed in fractions of 0.1.†

A total of 2 modifiers will be needed on any CAR T cell claim.

Modifier[12]	Purpose[12]
Modifier -LU	Fractionated payment for CAR T
Modifier -76	Repeat procedure or service by the same physician or other qualified HCP‡

*Place of service codes are reported on the 1500 professional claim to specify the entity where service(s) were rendered.[13]
†If the allowed amount is <$500,000, providers will be able to submit 5 separate claims for 0.2-unit fractions on each claim; if the allowed amount is ≥$500,000, providers will be able to submit 10 separate claims for 0.1-unit fractions on each claim.[12]
‡Not appropriate for use on the first claim.[12]

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

CAR=chimeric antigen receptor; CMS=Centers for Medicare and Medicaid Services; HCP=healthcare professional; HCPCS=Healthcare Common Procedure Coding System.

IMPORTANT SAFETY INFORMATION

SERIOUS INFECTIONS (continued)

Hepatitis B virus (HBV) reactivation, in some cases resulting in fulminant hepatitis, hepatic failure, and death, has occurred in patients treated with drugs directed against B cells, including YESCARTA. Perform screening for HBV, HCV, and HIV and management in accordance with clinical guidelines before collection of cells for manufacturing.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

// COMMUNITY PRACTICE OUTPATIENT ADMINISTRATION

The YESCARTA® product-specific HCPCS code is Q2041 (axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose).[2] This code can be used for Medicare outpatient claims. This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

CAR=chimeric antigen receptor; HCPCS=Healthcare Common Procedure Coding System.

References

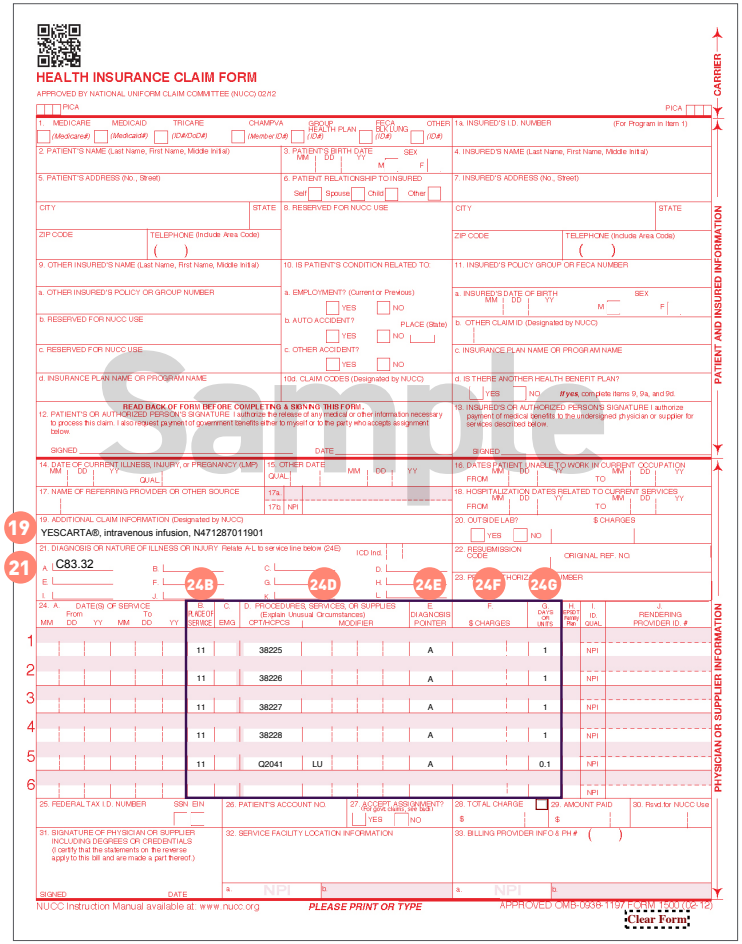
Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

First Claim

Sample CMS-1500 Claim Form

This sample form is for information purposes only.


HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL

15. OTHER DATE QUAL MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a 17b NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

YESCARTA®, intravenous infusion, N471287011901

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-L to service line below (24E) ICD Ind.

A C83.32 B C D E F G H I J K L

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY | B PLACE OF SERVICE | C EMG | D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E DIAGNOSIS POINTER | F $ CHARGES | G DAYS OR UNITS | H EPSDT Family Plan | I ID. QUAL. | J RENDERING PROVIDER ID. #

1		11		38225		A		1		NPI
2		11		38226		A		1		NPI
3		11		38227		A		1		NPI
4		11		38228		A		1		NPI
5		11		Q2041	LU	A		0.1		NPI
6										NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Clear Form

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Sample

19 21 24B 24D 24E 24F 24G

This sample form is for information purposes only. It is not intended to be directive, nor does use of the codes listed guarantee reimbursement. Healthcare providers and staff may find other codes more appropriate. It is the responsibility of providers to select the coding options that best reflect internal systems, payer requirements, and medically necessary services rendered. Providers are responsible for the accuracy of billing and claims submitted for reimbursement.

19 ADDITIONAL CLAIM INFORMATION

Enter drug name (YESCARTA®), route of administration, 11-digit NDC (N471287011901, with no dashes), and/or dosage.[1,10]

21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Enter the ICD-10-CM codes that appropriately describe the principal and any secondary diagnoses.

24B PLACE OF SERVICE

Enter appropriate code for place of service; CAR T cell products will only be reimbursed in place of service 11 (office) or 49 (independent clinic).[12]

24D PROCEDURES, SERVICES, OR SUPPLIES

Indicate appropriate HCPCS CPT code.

For cell harvesting, storage, and preparation – Use HCPCS Level I CPT codes ***38225***, ***38226***, and ***38227***.[6]

For YESCARTA product charges – Enter ***Q2041*** to indicate YESCARTA. Use code ***38228*** to report YESCARTA administration.[6]

Enter the appropriate modifiers – Use ***modifier -LU*** for fractionated payment (YESCARTA should be billed in fractions of 0.1).[12]

24E DIAGNOSIS POINTER

Refer to the diagnosis for this service (see Item 21); enter only 1 diagnosis pointer per line.

24F CHARGES

Enter the total Medicare-allowed payment amount.[12]

24G DAYS OR UNITS

Enter the appropriate number of YESCARTA units used (0.1).

CAR=chimeric antigen receptor; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; NDC=National Drug Code.

References

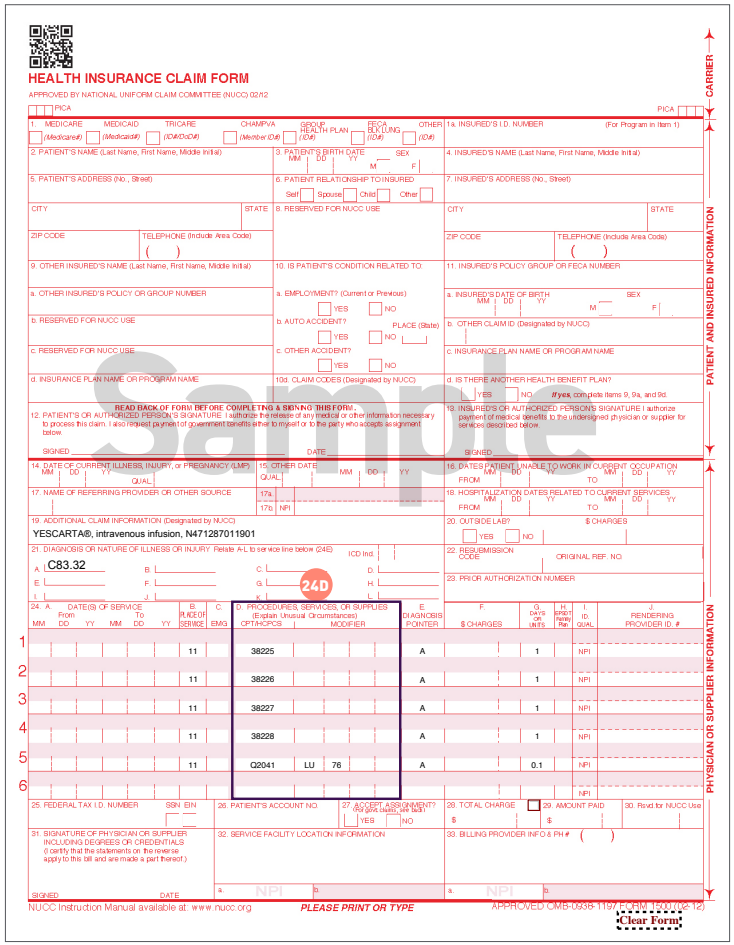
Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Subsequent Claims

Sample CMS-1500 Claim Form

This sample form is for information purposes only.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a 17b NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

YESCARTA®, intravenous infusion, N47128701901

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind.

A C83.32 B C D E F G H I J K L

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24D

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1		11		38225		A		1		NPI	
2		11		38226		A		1		NPI	
3		11		38227		A		1		NPI	
4		11		38228		A		1		NPI	
5		11		Q2041	LU 76	A		0.1		NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Clear Form

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Sample

Subsequent claims are filed identically to the first claim, except for the addition of *modifier -76 for repeat procedure or service by the same physician.**

24D PROCEDURES, SERVICES, OR SUPPLIES

Indicate appropriate HCPCS CPT code.

For cell harvesting, storage, and preparation – Use HCPCS Level 1 CPT codes *38225*, *38226*, and *38227*.[6]

For YESCARTA product charges – Enter *Q2041* to indicate YESCARTA. Use code *38228* to report YESCARTA administration.[6]

Enter the appropriate modifiers – Use *modifier -LU* for fractionated payment (YESCARTA should be billed in factors of 0.1. Providers can submit separate claims for 0.1-unit fractions on each claim) **and *modifier -76** for repeat procedure or service by same physician**.[12]

*Not appropriate for use on the first claim.

This sample form is for information purposes only. It is not intended to be directive, nor does use of the codes listed guarantee reimbursement. Healthcare providers and staff may find other codes more appropriate. It is the responsibility of providers to select the coding options that best reflect internal systems, payer requirements, and medically necessary services rendered. Providers are responsible for the accuracy of billing and claims submitted for reimbursement.

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

HELPFUL REMINDERS FOR HOSPITAL

The following pages contain lists of considerations when coding and billing for YESCARTA®. Remember to always check each payer's requirements before submitting any claims.

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Helpful Reminders

Consider the Following Steps to Better Ensure Patient Eligibility and Coverage[2]

Prior to Service Delivery

- ☐ Determine eligibility and insurance plan priority
- ☐ Perform coordination of benefits and confirm benefits for the entire CAR T episode of care
- ☐ Obtain current out-of-pocket maximums for the patient under each plan
- ☐ Review published coverage policies for primary diagnosis and ICD-10-CM code, relevant disease-related characteristics, prior lines of therapy, and clinical fitness
- ☐ Submit the prior authorization request following payer instructions
- ☐ Determine whether an expedited prior authorization process is available
- ☐ Confirm prior authorization for each step of the treatment

This information is provided for your background and not intended as comprehensive or directive. Payer requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate information for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

CAR=chimeric antigen receptor; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

IMPORTANT SAFETY INFORMATION

PROLONGED CYTOPENIAS

Patients may exhibit cytopenias for several weeks following lymphodepleting chemotherapy and YESCARTA infusion. Grade 3 or higher cytopenias not resolved by Day 30 following YESCARTA infusion occurred in 39% of all patients with NHL and included neutropenia (33%), thrombocytopenia (13%), and anemia (8%). Monitor blood counts after infusion.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Consider the Following Steps to Better Ensure Charge Capture, Documentation, and Accurate Claims Reporting and Validation[2]

Concurrent With Service Delivery

- ☐ Confirm written, authenticated clinician order for cell collection
- ☐ Confirm nursing/cell lab documentation of cell collection procedure
- ☐ Confirm presence of cell laboratory documentation of outbound cell processing according to the applicable manufacturer instructions
- ☐ Confirm cell laboratory documentation of inbound/receipt of cells and any processing according to applicable manufacturer instructions and clinician orders
- ☐ Confirm nursing/cellular lab documentation of the administration procedure
- ☐ Review for orders, medication administration record, and other applicable clinical documentation for any ancillary services
- ☐ For inpatients, confirm presence of the inpatient admission order from the clinician
- ☐ For any hourly observation services provided after administration, confirm presence of clinician order of observation services and clinician progress notes
- ☐ Confirm documentation of the administration procedure in the MAR or other record developed by the cell laboratory and/or nursing

This information is provided for your background and not intended as comprehensive or directive. Payer requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate information for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

MAR=medication administration record.

IMPORTANT SAFETY INFORMATION

HYPOGAMMAGLOBULINEMIA

B-cell aplasia and hypogammaglobulinemia can occur in patients receiving YESCARTA. Hypogammaglobulinemia was reported as an adverse reaction in 14% of all patients with NHL. Monitor immunoglobulin levels after treatment and manage using infection precautions, antibiotic prophylaxis, and immunoglobulin replacement.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Consider the Following Steps to Better Ensure Charge Capture, Documentation, and Accurate Claims Reporting and Validation (continued)[2]

After Service Provision

- ☐ Confirm payer-specific billing requirements (inpatient or outpatient)
- ☐ Confirm the correct principal and admitting ICD-10-CM diagnosis codes
- ☐ Review HCPCS Level II and NDC reporting requirements (inpatient or outpatient)
- ☐ Review inpatient ICD-10-PCS procedure codes
- ☐ Review for correct revenue codes for the CAR T product charge (0891), product administration charge (0874), cell collection (0871), and cell lab (0872-0873)
- ☐ Review for correct CPT codes on outpatient claims
- ☐ Review to ensure the accuracy of units billed, that the prior authorization number is on the claim (if applicable), and that correct dates of services are reported
- ☐ Consider tracking claims post-submission and reviewing the remittances carefully
- ☐ Proactively reach out to the patient's payer and understand reimbursement terms for the case
- ☐ Contact your patient's payer to identify their reimbursement methodology for YESCARTA®

For Medicare, YESCARTA cases receive payment under the MS-DRG 018, Chimeric Antigen Receptor (CAR) T cell and Other Immunotherapies.[14] For commercial payers, identify payment methodology for the payer and whether the patient received CAR T as outpatient or inpatient. Determine applicable payment formula for each claim and each type of CAR T service (such as cell collection and processing, administration, and post-administration management of the patient).[2]

This information is provided for your background and not intended as comprehensive or directive. Payer requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate information for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

CAR=chimeric antigen receptor; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; ICD-10-PCS=International Classification of Diseases, Tenth Revision, Procedure Coding System; MS-DRG=Medicare Severity-Diagnosis Related Groups; NDC=National Drug Code.

IMPORTANT SAFETY INFORMATION

HYPOGAMMAGLOBULINEMIA (continued)

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.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

HELPFUL REMINDERS FOR COMMUNITY PRACTICE

The following pages contain lists of considerations when coding and billing for YESCARTA®. Remember to always check each payer's requirements before submitting any claims.

This information is provided for your background and not intended as comprehensive or directive. Payer coding requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate codes, charges, and modifiers for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

// Helpful Reminders

Consider the Following Steps to Better Ensure Patient Eligibility and Coverage[2]

Prior to Service Delivery

- ☐ Determine eligibility and insurance plan priority
- ☐ Perform coordination of benefits and confirm benefits for the entire CAR T episode of care
- ☐ Obtain current out-of-pocket maximums for the patient under each plan
- ☐ Review published coverage policies for primary diagnosis and ICD-10-CM code, relevant disease-related characteristics, prior lines of therapy, and clinical fitness
- ☐ Submit the prior authorization request following payer instructions
- ☐ Determine whether an expedited prior authorization process is available
- ☐ Confirm prior authorization for each step of the treatment

This information is provided for your background and not intended as comprehensive or directive. Payer requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate information for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

CAR=chimeric antigen receptor; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

IMPORTANT SAFETY INFORMATION

SECONDARY MALIGNANCIES

Patients treated with YESCARTA may develop secondary malignancies. T cell malignancies have occurred following treatment of hematologic malignancies with BCMA- and CD19-directed genetically modified autologous T cell immunotherapies, including YESCARTA. Mature T cell malignancies, including CAR-positive tumors, may present as soon as weeks following infusion, and may include fatal outcomes.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Consider the Following Steps to Better Ensure Charge Capture, Documentation, and Accurate Claims Reporting and Validation[2]

Concurrent With Service Delivery

- ☐ Confirm written, authenticated clinician order for cell collection
- ☐ Confirm nursing/cell lab documentation of cell collection procedure
- ☐ Confirm presence of cell laboratory documentation of outbound cell processing according to the applicable manufacturer instructions
- ☐ Confirm cell laboratory documentation of inbound/receipt of cells and any processing according to applicable manufacturer instructions and clinician orders
- ☐ Confirm nursing/cellular lab documentation of the administration procedure
- ☐ Review for orders, medication administration record, and other applicable clinical documentation for any ancillary services
- ☐ For any hourly observation services provided after administration, confirm presence of clinician order of observation services, and clinician progress notes
- ☐ Confirm documentation of the administration procedure in the MAR or other record developed by the cell laboratory and/or nursing

This information is provided for your background and not intended as comprehensive or directive. Payer requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate information for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

MAR=medication administration record.

IMPORTANT SAFETY INFORMATION

SECONDARY MALIGNANCIES (continued)

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

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Consider the Following Steps to Better Ensure Charge Capture, Documentation, and Accurate Claims Reporting and Validation (continued)[2]

After Service Provision

- ☐ Confirm payer-specific billing requirements for outpatient (e.g., Medicare)
- ☐ Confirm the correct principal and admitting ICD-10-CM diagnosis codes
- ☐ Review HCPCS Level II and NDC reporting requirements
- ☐ Review for correct CPT codes on outpatient claims
- ☐ Review to ensure the accuracy of units billed, that the prior authorization number is on the claim (if applicable), and that correct dates of services are reported
- ☐ Consider tracking claims post-submission and reviewing the remittances carefully
- ☐ Proactively reach out to the patient's payer and understand reimbursement terms for the case
- ☐ Contact your patient's payer to identify their reimbursement methodology for YESCARTA®

For Medicare, YESCARTA cases receive payment under the MS-DRG 018, Chimeric Antigen Receptor (CAR) T cell and Other Immunotherapies.[14] For commercial payers, identify payment methodology for the payer and whether the patient received CAR T as outpatient or inpatient. Determine applicable payment formula for each claim and each type of CAR T service (such as cell collection and processing, administration, and post-administration management of the patient).[2]

This information is provided for your background and not intended as comprehensive or directive. Payer requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate information for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; MS-DRG=Medicare Severity-Diagnosis Related Groups; NDC=National Drug Code.

IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥ 30%) in:

- patients with LBCL in Study 1 included fever, CRS, fatigue, hypotension, encephalopathy, tachycardia, diarrhea, headache, musculoskeletal pain, nausea, and febrile neutropenia.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Consider the Following Steps to Ensure Coordination Between the Community Practice and Hospital Partner

- [ ] Confirm in-network vs out-of-network HCP and facility
- [ ] Confirm if payer-provider contracts are joint or separate
- [ ] Confirm point of contact for payer case manager
- [ ] Confirm party billing the payer
- [ ] Understand terms of cost and reimbursement

This information is provided for your background and not intended as comprehensive or directive. Payer requirements may vary or change over time. It is the responsibility of the healthcare provider to determine and submit the appropriate information for medically necessary services rendered. This information is in no way a guarantee of reimbursement or coverage for any product or service.

HCP=healthcare professional.

IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS (continued)

The most common adverse reactions (incidence ≥ 30%) in:

- patients with LBCL in Study 2 included CRS, fever, hypotension, encephalopathy, tachycardia, fatigue, headache, decreased appetite, chills, diarrhea, febrile neutropenia, nausea, hypoxia, tremor, and cough.
- patients with PCNSL in Study 4 included sinus tachycardia, CRS, pyrexia, headache, encephalopathy, hypotension, diarrhea, vomiting, chills, fatigue, musculoskeletal pain, hypoxia, rash maculo-papular, cough, nausea, constipation, musculoskeletal weakness, dizziness, thrombosis, gait disturbance, weight decreased, tremor, insomnia, and dyspnea.
- patients with FL in Study 3 included fever, CRS, hypotension, encephalopathy, fatigue, headache, infections with pathogen unspecified, tachycardia, febrile neutropenia, musculoskeletal pain, nausea, and tremor.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

MEDICARE CLINICAL TRIAL AND EXPANDED ACCESS BILLING

References

Please see full Prescribing Information, including **BOXED WARNING** and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Clinical Trial and Expanded Access Billing

Medicare pays an adjusted rate under MS-DRG for CAR T cell therapy cases where a product cost is not incurred, such as for clinical trial and CAR T cell therapy provided under an expanded access program. For non-Medicare, providers must check with the payer regarding any special billing requirements for clinical trial or expanded access cases.[2]

Medicare Clinical Trial Billing[2]

For clinical trial cases where the CAR T product is under investigation, diagnosis code Z00.6 and condition code 30 should be used for reporting a claim to receive the reduced MS-DRG 018 payment since a CAR T product cost was not incurred.

For clinical trial cases where the CAR T product is not under investigation, the Billing Note NTE02 "Diff Prod Clin Trial" may be entered on the electronic claim 837I or "Diff Prod Clin Trial" in the remarks field on a paper claim (Form Locator 80) to receive the full MS-DRG 018 payment since a product cost was incurred.

Medicare Expanded Access Billing[2]

For expanded access cases, after October 1, 2022, the condition code 90 should be used on the claim to receive the reduced MS-DRG 018 payment since a CAR T product cost was not incurred.

CAR=chimeric antigen receptor; MS-DRG=Medicare Severity-Diagnosis Related Groups.

IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS (continued)

The most common (≥30%) Grade 3-4 laboratory abnormalities in:

- patients with LBCL in Study 1 included leukocyte decrease, neutrophil decrease, lymphocyte decrease, and hemoglobin decrease.
- patients with LBCL in Study 2 included lymphocyte decrease, leukocyte decrease, neutrophil decrease, hemoglobin decrease, platelet decrease, and phosphate decrease.
- patients with FL in Study 3 included lymphocyte decrease, leukocyte decrease, neutrophil decrease, platelet decrease, and hemoglobin decrease.

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

References

1. YESCARTA® (axicabtagene ciloleucel). Prescribing information. Kite Pharma, Inc; 2026.
2. ASTCT CAR-T Therapy Coding and Billing Guide. Updated December 2025. Accessed February 20, 2026. https://www.astct.org/car-t-coding-and-billing-guide
3. Research Data Assistance Center. Revenue Center Code (FFS). Accessed February 20, 2026. https://resdac.org/cms-data/variables/revenue-center-code-ffs
4. CMS Manual System. Medicare claims processing manual: chapter 32 – billing requirements for special services. Updated December 19, 2025. Accessed February 20, 2026. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c32.pdf
5. Chimeric antigen receptor (CAR) T-cell therapy revenue code and HCPCS setup revisions. Centers for Medicare & Medicaid Services. Updated May 28, 2019. Accessed February 20, 2026. https://calhospital.org/wp-content/uploads/2021/04/se19009.pdf
6. Centers for Medicare & Medicaid Services. CMS-1809-FC, Final rule with comment period. Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs, including the Hospital Inpatient Quality Reporting Program; Health and Safety Standards for Obstetrical Services in Hospitals and Critical Access Hospitals; Prior Authorization; Requests for Information; Medicaid and CHIP Continuous Eligibility; Medicaid Clinic Services Four Walls Exceptions; Individuals Currently or Formerly in Custody of Penal Authorities; Revision to Medicare Special Enrollment Period for Formerly Incarcerated Individuals; and All-Inclusive Rate Add-On Payment for High-Cost Drugs Provided by Indian Health Service and Tribal Facilities. Updated November 27, 2024. Accessed February 20, 2026. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc
7. Department of Health and Human Services. Centers for Medicare & Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2022 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Changes to Medicaid Provider Enrollment; and Changes to the Medicare Shared Savings Program. August 13, 2021. Accessed February 20, 2026. https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf
8. Department of Health and Human Services. Telehealth and Remote Patient Monitoring. Updated January 17, 2025. Accessed February 20, 2026. https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-and-remote-patient-monitoring/billing-remote-patient#what-remote-patient-monitoring-services-are-billable
9. Centers for Medicare & Medicaid Services. Supporting Regulations Contained in 42 CFR 424.5 for the Uniform Institutional Providers Form. Accessed February 20, 2026. https://omb.report/icr/202007-0938-008/doc/103124501.pdf
10. Future format of the National Drug Code; public hearing and request for comments. Food and Drug Administration. Federal Register. Updated August 7, 2018. Accessed February 20, 2026. https://www.federalregister.gov/documents/2018/08/07/2018-16807/future-format-of-the-national-drug-code-public-hearing-request-for-comments
11. Program memorandum intermediaries/carriers. Transmittal AB-01-04. Centers for Medicare & Medicaid Services. January 18, 2001. Accessed February 20, 2026. https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads//AB0104.pdf
12. CMS Manual System. Pub 100-04 Medicare Claims Processing. Transmittal 11774. Centers for Medicare & Medicaid Services (CMS). Updated December 30, 2022. Accessed February 20, 2026. https:// www.cms.gov/files/document/r11774cp.pdf
13. Centers for Medicare & Medicaid Services. Place of Service Code Set. Updated May 2, 2024. Accessed February 23, 2026. https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets
14. Centers for Medicare & Medicaid Services. ICD-10-CM/PCS MS-DRG v40.1 definitions manual. January 18, 2023. Accessed February 20, 2026. https://www.cms.gov/icd10m/FY2023-version40.1-fullcode-cms/fullcode_cms/P0038.html

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Kite A GILEAD Company

References

Please see full Prescribing Information, including BOXED WARNING and Medication Guide.