Cell Therapy 360™

Claim Submission Checklist

For Bristol Myers Squibb CAR T Cell Therapies

Coding and billing for CAR T cell therapies will vary based on the patient's condition, provided services, payer-specific requirements, and selected site/setting of care. It is critical for treatment sites to confirm specific payer requirements prior to claim submission in order to avoid processing delays or denials.

Claim Preparation

- ✔ Confirm payer billing requirements for the selected site/setting of care, including:
  - Covered primary and/or secondary diagnosis codes (ICD-10-CM)
  - Additional information required with a miscellaneous product code, if applicable (HCPCS, Level II)
  - National Drug Code (NDC) reporting requirements
  - Applicable product-specific inpatient procedure codes (ICD-10-PCS) assigned to MS-DRG 018 for CAR T cases
  - Instructions for reporting charges with corresponding hospital revenue codes
  - CPT®/HCPCS coding requirements for outpatient services
- ✔ Ensure appropriate medical record documentation, including:
  - Prior authorization (PA) approval number (if required)

Claim Submission

- ✔ Verify claim accuracy and completeness, including:
  - Patient and provider information
  - Reported codes with corresponding billing units and date(s) of service
- ✔ Follow claim submission format and timing, as specified by payer

Claim Tracking*

- ✔ Routinely monitor claim status and payer remittance for prompt claim processing
- ✔ Review explanation of benefits/remittance advice to ensure accurate payment
- ✔ If needed, provide additional documentation

Contact Cell Therapy 360® Patient Support at 1-888-805-4555 for benefits verification, PA support, appeals support, and coding & billing information.

CAR T = chimeric antigen receptor T cell; 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 Group.

This information is provided for educational purposes only. BMS cannot guarantee insurance coverage or reimbursement. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care, and is subject to frequent change. It is the sole responsibility of the healthcare provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.

* BMS does not provide support for claim tracking.

Bristol Myers Squibb™