TECARTUS®
(brexucabtagene autoleucel) Suspension for IV infusion

TECARTUS® COMMUNITY CODING AND BILLING GUIDE

Information about reimbursement for TECARTUS 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 TECARTUS. Kite, a Gilead Company, and its agents disclaim any and all liability as a result of denied claims or incorrect codes.

INDICATIONS

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

- Adult patients with relapsed or refractory mantle cell lymphoma (MCL).

  This indication is approved under accelerated approval based on overall response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.
- Adult patients with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL).

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

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CAR=chimeric antigen receptor.

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

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

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Coding and Billing Guide Overview

This resource provides an overview of the current relevant codes, as of January 2024, that may be potential options for use with TECARTUS®.

Coverage and coding guidelines for TECARTUS 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.

Due to risk of neurologic toxicity and Cytokine Release Syndrome (CRS), TECARTUS availability is only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the YESCARTA and TECARTUS REMS. Further information is available at: www.YescartaTecartusREMS.com or 1-844-454-KITE (5483).[1]

The information available within is compiled from sources believed to be accurate as of January 2024. 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 certified to 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 life-threatening reactions, occurred in patients receiving TECARTUS. Do not administer TECARTUS to patients with active infection or inflammatory disorders. Treat severe or life-threatening CRS with tocilizumab or tocilizumab and corticosteroids.**
- **Neurologic toxicities, including life-threatening reactions, occurred in patients receiving TECARTUS, including concurrently with CRS or after CRS resolution. Monitor for neurologic toxicities after treatment with TECARTUS. 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.**
- **TECARTUS is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the YESCARTA and TECARTUS REMS.**

References

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

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The CAR T Patient-Care Process

CAR=chimeric antigen receptor.

References

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TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

The CAR T Patient-Care Process

TECARTUS® 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 certified healthcare facility (i.e., hospital; inpatient or outpatient) or community setting	Patients with ALL (at least 14 days) and MCL (at least 7 days) are closely monitored for signs and symptoms of CRS, neurologic events, and other possible side effects. Patients should remain within close proximity of the ATC for at least 4 weeks

ALL=acute lymphoblastic lymphoma; ATC=Authorized Treatment Center; CAR=chimeric antigen receptor; CRS=cytokine release syndrome; MCL=mantle cell lymphoma.

IMPORTANT SAFETY INFORMATION

CYTOKINE RELEASE SYNDROME (CRS)

CRS, including fatal or life-threatening reactions, occurred following treatment with TECARTUS. CRS occurred in 91% (75/82) of patients with MCL, including ≥ Grade 3 CRS in 18% of patients. Among the patients with MCL who died after receiving TECARTUS, one patient had a fatal CRS event. The median time to onset of CRS was 3 days (range: 1 to 13 days) and the median duration of CRS was 10 days (range: 1 to 50 days) for patients with MCL. CRS occurred in 92% (72/78) of patients with ALL, including ≥ Grade 3 CRS in 26% of patients. Three patients with ALL had ongoing CRS events at the time of death. The median time to onset of CRS was 5 days (range: 1 to 12 days) and the median duration of CRS was 8 days (range: 2 to 63 days) for patients with ALL.

Among patients with CRS, the key manifestations (>10%) were similar in MCL and ALL and included fever (93%), hypotension (62%), tachycardia (59%), chills (32%), hypoxia (31%), headache (21%), fatigue (20%), and nausea (13%). Serious events associated with CRS in MCL and ALL combined (≥ 2%) included hypotension, fever, hypoxia, tachycardia, and dyspnea.

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Overview of Coding for Diagnosis, Preparation, and Administration

References

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

TECARTUS® (brexucabtagene autoleucel) 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 community practices. Please check with each payer for payer-specific requirements before submitting any claims for TECARTUS®.

Diagnosis Coding	
Diagnosis Coding for Product Indications	ICD-10-CM
Procedure Coding	
Cell Collection and Cell Processing Services	Level I HCPCS CPT Code
Administration	Level I HCPCS CPT Code
Remote Patient Monitoring Services Coding	
	HCPCS CPT Code
Product Coding	
	Level II HCPCS Product Code; NDC

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.

TECARTUS® (brexucabtagene autoleucel) 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 TECARTUS® 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[2-4]	Description[2-4]
C83.11-C83.19	Mantle cell lymphoma
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.02	Acute lymphoblastic leukemia, in relapse
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 (continued)

Ensure that a minimum of 2 doses of tocilizumab are available for each patient prior to infusion of TECARTUS. Following infusion, monitor patients for signs and symptoms of CRS daily for at least 7 days for patients with MCL and at least 14 days for patients with ALL 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.

References

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

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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 community practice 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]

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. 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[5]; 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.

CAR=chimeric antigen receptor; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System.

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 TECARTUS. Neurologic events occurred in 81% (66/82) of patients with MCL, including ≥ Grade 3 in 37% of patients. The median time to onset for neurologic events was 6 days (range: 1 to 32 days) with a median duration of 21 days (range: 2 to 454 days) in patients with MCL. Neurologic events occurred in 87% (68/78) of patients with ALL, including ≥ Grade 3 in 35% of patients. The median time to onset for neurologic events was 7 days (range: 1 to 51 days) with a median duration of 15 days (range: 1 to 397 days) in patients with ALL. Neurologic events resolved for 119 out of 134 (89%) patients treated with TECARTUS. The onset of neurologic events can be concurrent with CRS, following resolution of CRS, or in the absence of CRS. Ninety-one percent of all treated patients experienced the first CRS or neurological event within the first 7 days after TECARTUS infusion.

The most common neurologic events (>10%) were similar in MCL and ALL and included encephalopathy (57%), headache (37%), tremor (34%), confusional state (26%), aphasia (23%), delirium (17%), dizziness (15%), anxiety (14%), and agitation (12%). Serious events associated with neurologic toxicities in MCL and ALL combined (≥2%) including encephalopathy, aphasia, confusional state, and seizures occurred after treatment with TECARTUS.

Monitor patients daily for at least 7 days for patients with MCL and at least 14 days for patients with ALL at the certified healthcare facility and for 4 weeks following infusion for signs and symptoms of neurologic toxicities and treat promptly.

References

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

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Cell Collection and Cell Processing Services

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

Level I HCPCS CPT Code[2,6]	Description[2,6]	Notes
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]* New Category I CPT codes for cell collection and processing: leukapheresis (38225), preparation (38226), receipt and preparation for administration (38227) are assigned status indicator "B," **indicating that CMS considers these codes to be "bundled" for MPFS.**[6]
38226	Chimeric antigen receptor T-cell (CAR T) therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage)	
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]

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 & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; MPFS=Medicare physician fee schedule.

IMPORTANT SAFETY INFORMATION

REMS

Because of the risk of CRS and neurologic toxicities, TECARTUS is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the YESCARTA and TECARTUS REMS. The required components of the YESCARTA and TECARTUS REMS are:

- Healthcare facilities that dispense and administer TECARTUS must be enrolled and comply with the REMS requirements. Certified healthcare facilities must have on-site, immediate access to tocilizumab, and ensure that a minimum of two doses of tocilizumab are available for each patient for infusion within two hours after TECARTUS infusion, if needed for treatment of CRS.

Further information is available at www.YescartaTecartusREMS.com or 1-844-454-KITE (5483).

References

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

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Administration

CPT codes are used for professional claims to report for administration, associated services, and individual products.[2]

Level I HCPCS CPT Code[2,6]	Description[2,6]	Notes
38228	Chimeric antigen receptor (CAR) T-cell 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.[5]* CPT code 38228 is considered payable by Medicare and is used to document TECARTUS® administration.[5,6] When using 38228 for Medicare, it is important to append the modifier KX to the code, because this is the mechanism that tells your Medicare Administrative Contractor (MAC) that CAR T-cell therapy is administered in a REMS-certified facility.[7]

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

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CAR=chimeric antigen receptor; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; REMS=Risk Evaluation and Mitigation Strategy.

IMPORTANT SAFETY INFORMATION

HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS/MACROPHAGE ACTIVATION SYNDROME (HLH/MAS)

HLH/MAS, including life-threatening reactions, occurred following treatment with TECARTUS. HLH/MAS occurred in 4% (3/78) of patients with ALL. Two patients experienced Grade 3 events and 1 patient experienced a Grade 4 event. The median time to onset for HLH/MAS was 8 days (range: 6 to 9 days) with a median duration of 5 days (range: 2 to 8 days). All 3 patients with HLH/MAS had concurrent CRS symptoms and neurologic events after TECARTUS infusion. Treatment of HLH/MAS should be administered per institutional standards.

HYPERSENSITIVITY REACTIONS

Serious hypersensitivity reactions, including anaphylaxis, may occur due to dimethyl sulfoxide (DMSO) or residual gentamicin in TECARTUS.

References

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

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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

SEVERE INFECTIONS

Severe or life-threatening infections occurred in patients after TECARTUS infusion. Infections (all grades) occurred in 56% (46/82) of patients with MCL and 44% (34/78) of patients with ALL. Grade 3 or higher infections, including bacterial, viral, and fungal infections, occurred in 30% of patients with ALL and MCL. TECARTUS 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 6% of patients with MCL and 35% of patients with ALL after TECARTUS infusion 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.

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Product Coding

HCPCS Level II product codes have been created 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 TECARTUS® in the outpatient setting for Medicare.[9] The TECARTUS code, Q2053, has a description that includes the services of leukapheresis and all cell preparation.[9] 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 Q2053. Providers should contact each payer to clarify the specific coding requirements before submitting any claims.[5,9]

HCPCS Product Code[2]	Description[2]
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

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CAR=chimeric antigen receptor; CPT=Current Procedural Terminology; FDA=US Food and Drug Administration; HCPCS=Healthcare Common Procedure Coding System.

IMPORTANT SAFETY INFORMATION

SEVERE INFECTIONS (continued)

In immunosuppressed patients, life-threatening and fatal opportunistic infections have been reported. The possibility of rare infectious etiologies (e.g., fungal and viral infections such as HHV-6 and progressive multifocal leukoencephalopathy) should be considered in 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, hepatitis C virus (HCV), and human immunodeficiency virus (HIV) in accordance with clinical guidelines before collection of cells for manufacturing.

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

NDC

TECARTUS® has 4 separate National Drug Codes (NDCs); 2 for the infusion bag with cells and 2 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 TECARTUS NDC number when completing outpatient claims forms. 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]
71287-0219-01 for MCL **71287-0220-01 for ALL**	**11-digit NDC** for TECARTUS infusion bag containing approximately 68 mL of frozen suspension of genetically modified autologous T cells in 5% DMSO and human serum albumin.	Many payers may require the TECARTUS 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.

ALL=acute lymphoblastic leukemia; DMSO=dimethyl sulfoxide; MCL=mantle cell lymphoma.

IMPORTANT SAFETY INFORMATION

PROLONGED CYTOPENIAS

Patients may exhibit cytopenias for several weeks following lymphodepleting chemotherapy and TECARTUS infusion. In patients with MCL, Grade 3 or higher cytopenias not resolved by Day 30 following TECARTUS infusion occurred in 55% (45/82) of patients and included thrombocytopenia (38%), neutropenia (37%), and anemia (17%). In patients with ALL who were responders to TECARTUS treatment, Grade 3 or higher cytopenias not resolved by Day 30 following TECARTUS infusion occurred in 20% (7/35) of the patients and included neutropenia (12%) and thrombocytopenia (12%); Grade 3 or higher cytopenias not resolved by Day 60 following TECARTUS infusion occurred in 11% (4/35) of the patients and included neutropenia (9%) and thrombocytopenia (6%). Monitor blood counts after TECARTUS infusion.

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Unique Medicare Billing Instructions for Community Practices

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Unique Medicare Billing Instructions 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] TECARTUS® should be billed in fractions of 0.1.†

A total of 3 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‡
Modifier -KX	Attest the community practice is a REMS-approved facility§

*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]
§Not required for clinical trial billing.[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; REMS=Risk Evaluation and Mitigation Strategy.

IMPORTANT SAFETY INFORMATION

HYPOGAMMAGLOBULINEMIA

B-cell aplasia and hypogammaglobulinemia can occur in patients receiving treatment with TECARTUS. Hypogammaglobulinemia was reported in 16% (13/82) of patients with MCL and 9% (7/78) of patients with ALL. Monitor immunoglobulin levels after treatment with TECARTUS and manage using infection precautions, antibiotic prophylaxis, and immunoglobulin replacement.

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Claim Form for Office Billing

The TECARTUS® product-specific HCPCS code, effective April 1, 2021, is Q2053 (brexucabtagene autoleucel, 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

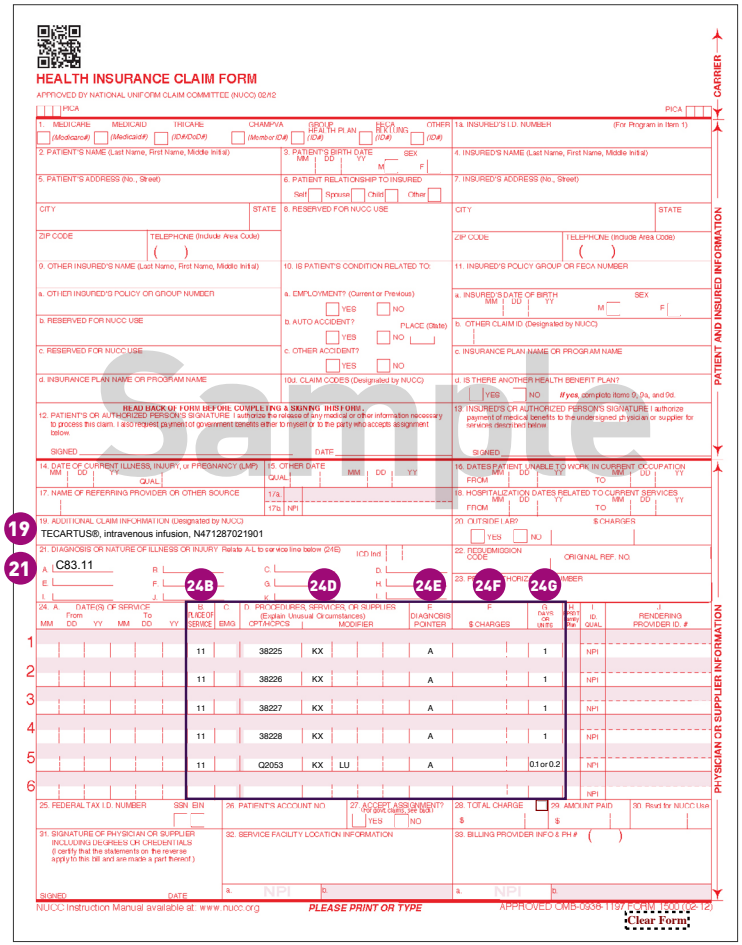
Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

First Claim

Sample CMS-1500 Claim Form

This sample form is for information purposes only.



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 (TECARTUS®), route of administration, 11-digit NDC (**N471287021901** for **MCL** or **N471287022001** for **ALL**, with no dashes), and/or dosage.[1,8]

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 TECARTUS product charges – Enter ***Q2053*** to indicate TECARTUS. Use code ***38228*** to report TECARTUS administration.[6]

Enter the appropriate modifiers – Use ***modifier -LU*** for fractionated payment (TECARTUS should be billed in fractions of 0.1 or 0.2. Providers can submit separate claims for 0.1- or 0.2-unit fractions on each claim) and ***modifier -KX*** for attesting the practice is REMS-approved.[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 TECARTUS units used (0.1 or 0.2).

ALL=acute lymphoblastic leukemia; CAR=chimeric antigen receptor; CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; MCL=mantle cell lymphoma; NDC=National Drug Code; REMS=Risk Evaluation and Mitigation Strategy.

References

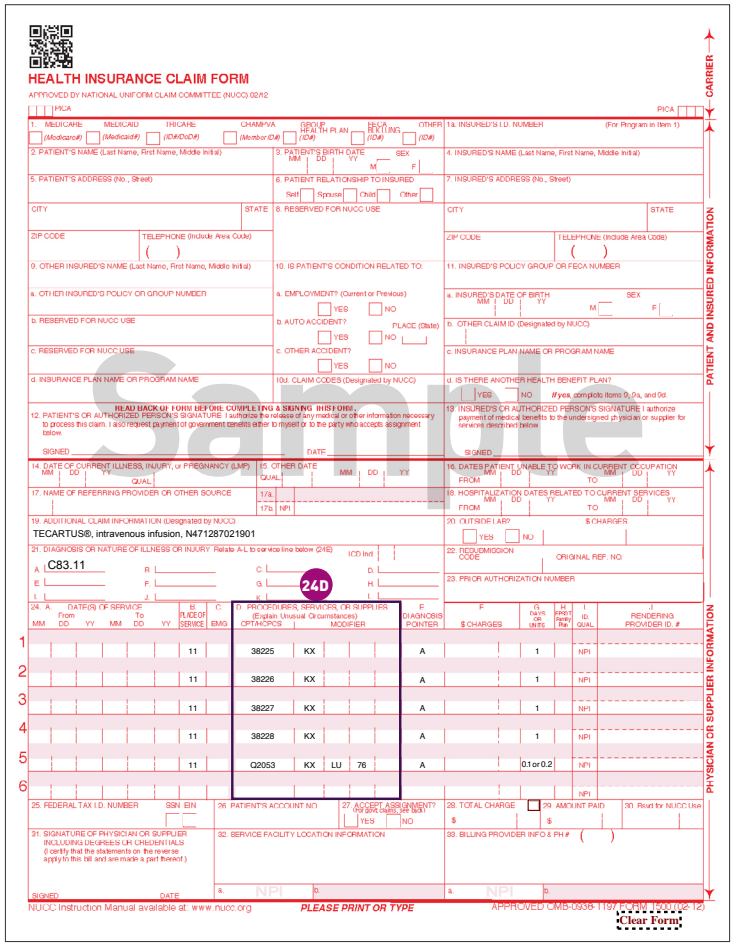
Please see full Prescribing Information, including BOXED WARNING and Medication Guide.

TECARTUS® (brexucabtagene autoleucel) 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? 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.

SIGNED DATE

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

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)

TECARTUS®, intravenous infusion, N47128702190 1

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 C83.11 B C D E F G 24D 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	KX	A		1		NPI	
2		11		38226	KX	A		1		NPI	
3		11		38227	KX	A		1		NPI	
4		11		38228	KX	A		1		NPI	
5		11		Q2053	KX LU 76	A		0.1 or 0.2		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 TECARTUS® product charges – Enter *Q2053* to indicate TECARTUS. Use code *38228* to report TECARTUS administration.[6]

Enter the appropriate modifiers – Use *modifier -LU* for fractionated payment (TECARTUS should be billed in factors of 0.1 or 0.2. Providers can submit separate claims for 0.1- or 0.2-unit fractions on each claim), *modifier -KX* for attesting the practice is REMS-approved, **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.

CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; REMS=Risk Evaluation and Mitigation Strategy.

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Helpful Reminders

The following pages contain lists of helpful reminders to consider while coding and billing for TECARTUS®. 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.

TECARTUS® (brexucabtagene autoleucel) 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

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

IMPORTANT SAFETY INFORMATION

HYPOGAMMAGLOBULINEMIA (continued)

The safety of immunization with live viral vaccines during or following TECARTUS 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 treatment, and until immune recovery following treatment with TECARTUS.

References

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

TECARTUS® (brexucabtagene autoleucel) 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

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MAR=medication administration record.

References

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

TECARTUS® (brexucabtagene autoleucel) 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 TECARTUS®

For Medicare, TECARTUS 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 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; 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

SECONDARY MALIGNANCIES

Patients treated with TECARTUS 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. Mature T cell malignancies, including CAR-positive tumors, may present as soon as weeks following infusions, and may include fatal outcomes.

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.

TECARTUS® (brexucabtagene autoleucel) 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
- [ ] Confirm terms of cost and reimbursement sharing between parties

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HCP=healthcare professional.

IMPORTANT SAFETY INFORMATION

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 TECARTUS infusion. Advise patients to refrain from driving and engaging in hazardous activities, such as operating heavy or potentially dangerous machinery, during this initial period.

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Diagnosis Coding for Complications

Certain complications and toxicities may occur with the use of TECARTUS®. 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, as common complications of immune effector cell therapy, 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 TECARTUS 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

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.

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

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Medicare Clinical Trial and Expanded Access Billing

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Clinical Trial and Expanded Access Billing

Medicare Clinical Trial Billing

Medicare requires condition code 30 and value code D4, with the National Clinical Trial number and diagnosis code Z00.6 to report all clinical trial claims.[2]

Medicare Expanded Access Billing

As of October 1, 2022, Medicare requires condition code 90 to report CAR T expanded access cases.[2]

Medicare pays an adjusted rate 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.[15]

CAR=chimeric antigen receptor.

IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥ 20%) in MCL patients were fever, CRS, hypotension, encephalopathy, fatigue, tachycardia, arrhythmia, infection with pathogen unspecified, chills, hypoxia, cough, tremor, musculoskeletal pain, headache, nausea, edema, motor dysfunction, constipation, diarrhea, decreased appetite, dyspnea, rash, insomnia, pleural effusion, and aphasia.

The most common non-laboratory adverse reactions (≥ 20%) in ALL patients were fever, cytokine release syndrome, hypotension, encephalopathy, tachycardia, nausea, chills, headache, fatigue, febrile neutropenia, diarrhea, musculoskeletal pain, hypoxia, rash, edema, tremor, infection with pathogen unspecified, constipation, decreased appetite, and vomiting.

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

References

1. TECARTUS® (brexucabtagene autoleucel). Prescribing information. Kite Pharma, Inc; 2024.
2. ASTCT CAR-T Therapy Coding and Billing Guide. Updated January 2024. Accessed February 13, 2025. https://www.astct.org/car-t-coding-and-billing-guide
3. Centers for Medicare & Medicaid Services. Billing and Coding: Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin's and Non-Hodgkin's Lymphoma with B-cell or T-cell Origin (A59175). Updated September 25, 2024. Accessed April 2, 2025. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59175
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5. Chimeric antigen receptor (CAR) T-cell therapy revenue code and HCPCS setup revisions. Centers for Medicare & Medicaid Services. Updated March 17, 2022. Accessed February 13, 2025. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/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 13, 2025. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc
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13. Centers for Medicare & Medicaid Services. Place of Service Code Set. May 2, 2024. Accessed February 13, 2025. 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 13, 2025. https://www.cms.gov/icd10m/FY2023-version40.1-fullcode-cms/fullcode_cms/P0038.html
15. CMS Manual System. Pub 100-04 Medicare Claims Processing. Transmittal 10995. Centers for Medicare & Medicaid Services (CMS). Updated September 16, 2021. Accessed February 13, 2025. https://www.cms.gov/files/document/r10995cp.pdf

References

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

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

TECARTUS®
(brexucabtagene autoleucel) Suspension for IV infusion

References

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

Kite
A GILEAD Company