CODING AND BILLING GUIDE FOR

ELZONRIS™
(tagraxofusp-erzs) Injection

ELZONRIS™ (tagraxofusp-erzs) INJECTION FOR INTRAVENOUS (IV) USE		
HCPCS Level II codes[1-4]: **C9049, J3490, J3590,** **or J9999**	**Revenue code[5]:** **0636**	**CPT codes[6]:** **96413 or 96409**

The information contained in this guide is intended to provide a general understanding of the coding and billing process and is not intended to assist healthcare providers in obtaining reimbursement for any specific claim. This guide is for informational purposes only and does not represent legal or billing advice. The content here is based on information as of July 2019 and is subject to change.

Effective July 1, 2019,

ELZONRIS™ (tagraxofusp-erzs) Injection of Intravenous (IV) Use now has an assigned C-Code:

C9049, ELZONRIS Injection for IV Use, 10 mcg

Please see enclosed full Prescribing Information, including Boxed WARNING.

Stemline®

This guide is designed to help healthcare providers, hospital staff, and coding and billing managers by providing information on coding and billing for ELZONRIS Injection for IV Use, in the outpatient settings for all insurance types, including Medicare, Medicare Advantage, Medicaid, and commercial payers.

FIND IN THIS GUIDE

- Coding and billing overview, processing a claim, overview of codes (NDC, ICD-10-CM, CPT, and HCPCS)
- Payer specifics: Medicare, Medicare Advantage, Medicaid, commercial payers
- Stemline ARC™
- Appendix:
  - Sample annotated physician office billing CMS-1500
  - Sample annotated hospital outpatient billing CMS-1450/UB-04
  - Summary of billing codes

SUMMARY OF CODING AND BILLING FOR ELZONRIS INJECTION FOR IV USE IN THE HOSPITAL OUTPATIENT SETTING

DISPENSING PACK QUANTITY	**1 vial/box**
NDC	72187-0401-1 or 72187-0401-01
HCPCS LEVEL II CODES[1-4]	C9049, J3490, J3590, or J9999
CPT CODES[6]	96413 or 96409
DESCRIPTION[7]	Single-dose, sterile glass vial containing 1 mL of solution

Please see enclosed full Prescribing Information, including Boxed WARNING.

CODING AND BILLING FOR ELZONRIS INJECTION FOR IV USE

Processing a claim

To process a claim, it is important to:

☑ Complete the correct form (CMS-1500, CMS-1450/UB-04)

☑ Include correct codes: NDC, ICD-10-CM, CPT, and HCPCS

☑ Ensure all patient information (name, address, insurance ID number) is accurate

☑ Verify the name of the healthcare provider and National Provider Identifier (NPI)

☑ Use the most appropriate ICD-10-CM diagnosis and CPT procedure codes associated with each patient's diagnosis and care

☑ Specify the setting or place of service (POS) where the infusion was provided (eg, hospital setting)

☑ Ensure patient medical records contain documentation that supports the diagnosis and procedure codes submitted on the claim

☑ Complete all claim form fields accurately and provide information upon request

Overview of codes

Once you have administered ELZONRIS Injection for IV Use to your patient, you may submit a claim to the patient's health plan. Correct coding is essential for timely claims processing and reimbursement. Important codes include the following:

National Drug Codes (NDCs)[8]
NDCs help healthcare providers and health plans identify specific product package sizes. Some health plans require healthcare providers to use an 11-digit NDC when reporting a drug on a claim form. Converting the 10-digit NDC for ELZONRIS Injection for IV Use to an 11-digit NDC requires the use of a leading zero in the product code.

International Classification of Disease, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis code[9]
Use the current ICD-10-CM codes to report a patient's diagnosis on claim submissions. Be sure to use the correct coding when submitting a claim for the item or service.

Healthcare Common Procedure Coding System (HCPCS) codes[10,11]
Most health plans cover IV therapies under their medical benefit. CPT codes are used to identify services and procedures provided by a physician.

NDCs[8]

ELZONRIS Injection for IV Use NDC numbers are listed below. Please note that converting the 10-digit NDC to an 11-digit NDC requires the use of a leading zero in the product code.

ELZONRIS INJECTION FOR IV USE PACKAGE SIZE	NDC	FORMS
2.25 in. x 2 in.	10-digit: 72187-0401-1	CMS-1500; CMS-1450/UB-04
	11-digit: 72187-0401-01	CMS-1500; UB-04

When filling out the CMS-1500 form, it's important to include the drug name, NDC, and dose given in Item 19. It is also important to confirm with each patient's health plan, as the information required may vary.

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ICD-10-CM diagnosis codes

It's important to check with the health plan to verify coding and special billing requirements. The ICD-10-CM diagnosis code for ELZONRIS Injection for IV Use is shown below.

The ICD-10-CM diagnosis code for ELZONRIS Injection for IV Use[12]

ICD-10-CM	DESCRIPTION	FORM	
		CMS-1500	CMS-1450 (UB-04)
C86.4	Blastic NK-cell lymphoma Blastic plasmacytoid dendritic cell neoplasm (BPDCN)	Item 21	Form Locator 67

Based on the site of care (ie, provider infusion center vs outpatient infusion center), different forms and codes will be used.

The following ICD-10-CM diagnosis codes are excluded[12,13]:

- **C84.7** Anaplastic large cell lymphoma, ALK-negative
- **C84.6** Anaplastic large cell lymphoma, ALK-positive
- **C84.9** Mature T/NK-cell lymphomas
- **C85.8** Other specified types of non-Hodgkin lymphoma

HCPCS codes[10,11]

Most health plans cover IV therapies under their medical benefit. CPT codes are used to identify services and procedures provided by a physician.

HCPCS LEVEL I CODES[5,6]		DESCRIPTION	FORMS	
		IV	CMS 1500	CMS 1450/UB-04
CPT Code*	96413	Chemotherapy administration, IV infusion technique, up to 1 hour, single or initial substance or drug	Item 24D	Form Locator 44
	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		
Revenue Code	0636	Drugs requiring detailed coding	N/A	Form Locators 42 and 43
HCPCS LEVEL II CODES[1-4]				
C9049		ELZONRIS Injection, tagraxofusp-erzs, 10 mcg	N/A	Form Locator 44 or electronic comment field
J3490†		Unclassified drugs	Item 24D	
J3590		Unclassified biologics	Item 24D	
J9999		Not otherwise classified, antineoplastic drugs	Item 24D	

*Medicare claims billed in the hospital outpatient setting with date of service after 7/1/2019 may be filled using C9049 with the appropriate billing units.

†In the hospital outpatient setting until a permanent HCPCS is assigned by CMS. The earliest date expected is 1/1/2020. When using HCPCS code J3490, report one unit of ELZONRIS Injection for IV Use.

Please see enclosed full Prescribing Information, including Boxed WARNING.

CODING AND BILLING OVERVIEW (cont'd)

PAYER SPECIFICS

Medicare

Medicare Part B[14]

ELZONRIS Injection for IV Use is covered by Medicare Part B in the outpatient setting.

Medicare Administrative Contractors (MACs)[15]

MACs are multistate regional contractors responsible for administering both Medicare Part A and Medicare Part B claims.

MACs are the central point of contact for providers of healthcare services. MACs are the primary operational contact between the Medicare fee-for-service (FFS) program and the healthcare providers enrolled in the program.

To find your Medicare Part B or DME MAC jurisdiction, visit the CMS website.

Medicare Part D[14]

As an infused drug, ELZONRIS Injection for IV Use is not covered under Medicare Part D benefit.

> **To find your Medicare Part B or DME MAC jurisdiction, visit the CMS website.**

Medicaid

ELZONRIS Injection for IV Use may be available under state Medicaid programs. Each state Medicaid program has its own eligibility standards, so coverage will vary from state to state. It's important to understand how your patient's Medicaid coverage works by contacting the Medicaid program or accessing the specific coverage information. Some Medicaid plans require prior authorization.

Commercial Health Plans[9]

Commercial health plans may provide coverage for ELZONRIS Injection for IV Use under the pharmacy or medical benefit. While commercial health plans may provide coverage under either of these benefits, the medical benefit will be utilized for the majority of plans. Please contact your patient's health plan for further guidance. Specific coverage requirements and restrictions depend on a given patient's benefits and may vary by plan type and site of service.

References: 1. HCPCS code J3490. HCPCS.codes website. https://hcpcs.codes/j-codes/J3490. Accessed October 15, 2018. **2.** HCPCS code J3590. HCPCS.codes website. https://hcpcs.codes/j-codes/J3590. Accessed October 15, 2018. **3.** HCPCS code J9999. HCPCS.codes website. https://hcpcs.codes/j-codes/J9999. Accessed October 15, 2018. **4.** July 2009 update of the Hospital Outpatient Prospective Payment System. Centers for Medicare & Medicaid Services website. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6492.pdf. Accessed October 15, 2018. **5.** MLN Matters article index 2017 through August 2018. Centers for Medicare & Medicaid Services website. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/2017-2018MLNMattersArticlesIndex.pdf. Accessed October 15, 2018. **6.** Optum360. 2018 Coding Companion for Oncology/Hematology. Eden Prairie, MN: Optum360; 2017. **7.** ELZONRIS [prescribing information]. New York, NY, US: Stemline Therapeutics, Inc.; December 2018. **8.** National Drug Code database background information. US Food & Drug Administration website. https://www.fda.gov/drugs/developmentapprovalprocess/ucm070829.htm. Updated March 20, 2017. Accessed October 8, 2018. **9.** ICD-10-CM, ICD-10-PCS, CPT, and HCPCS code sets. Centers for Medicare & Medicaid Services website. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ICD-10CM-ICD10PCS-CPT-HCPCS-Code-Sets-Educational-Tool-ICN900943.pdf Published May 2018. Accessed October 8, 2018. **10.** Einodshofer MT, Duren LN. Cost management through care management, part 2: the importance of managing specialty drug utilization in the medical benefit. *Am Health Drug Benefits*. 2012;5(6):359-364. **11.** HCPCS coding questions. Centers for Medicare & Medicaid Services website. https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCS_Coding_Questions.html. Updated July 22, 2013. Accessed October 9, 2018. **12.** 2018 ICD-10 CM and GEMs. Centers for Medicare & Medicaid Services website. https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs.html. Updated August 11, 2018. Accessed October 8, 2018. **13.** Arber DA, Orazi A, Hasserjian R, et al. The 2016 revision to the World Health Organization classification of myeloid neoplasms and acute leukemia. *Blood*. 2016;127(20):2391-2405. **14.** Medicare drug coverage under Medicare Part A, Part B, Part C, & Part D. Centers for Medicare & Medicaid Services website. https://www.cms.gov/outreach-and-education/outreach/partnerships/downloads/11315-p.pdf. Updated August 2017. Accessed October 8, 2018. **15.** What is a MAC. Centers for Medicare & Medicaid Services website. https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC.html. Updated October 26, 2017. Accessed October 9, 2018.

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APPENDIX SAMPLE ANNOTATED FORMS

Note: *Sample form and annotations are for example only. Providers must contact their patient's health plan representative to confirm required coding and documentation for individual situations.*
• Incomplete or invalid information will render form invalid and unable to be processed, causing payment delays

Sample CMS-1500 physician office billing: ELZONRIS INJECTION FOR IV USE

LINE	TITLE	INFO	CODES
19	**PRODUCT INFORMATION** Plan may accept Not-Otherwise-Classified (NOC)	**Commercial, Medicare, Medicare Advantage, Medicaid fee-for-service HCPCS codes**	**J3490, J3590,** or **J9999**
		National Drug Code (NDC) number	**10-digit: 72187-0401-1** **11-digit: 72187-0401-01**
		To report ELZONRIS INJECTION FOR IV USE, use of NOC code requires additional information: • Name of drug (brand/generic): **ELZONRIS INJECTION FOR IV USE/tagraxofusp** • Dose, strength, unit of measure (ie, mg, ml, or unit), and route of administration: **infusion**	
		HIPAA 5010 requirements necessitate that the field also contain information on any other injectable drug being used by the patient, including the NDC number, drug name, unit of measure (ie, mg, ml, or unit), and cost.	
		Note: The reporting field for electronic claims (SV202-2) is limited to 80 characters. However, some payers may allow utilization of Loop 2300 NTE 01 and 02 if additional space is needed. Check with the payer for additional guidance.	
21	**DIAGNOSIS CODE**	Enter appropriate ICD-10-CM diagnosis code(s) corresponding to patient's diagnosis.	**BPDCN ICD-10-CM: C86.4**
24	**DATES, PROCEDURES, POINTER, AND MODIFIER**		
24D	**PROCEDURES, SERVICES, OR SUPPLIES**	**Commercial, Medicare, Medicare Advantage, Medicaid fee-for-service HCPCS codes**	• **C9049** Injection for IV infusion, tagraxofusp-erzs, 10 mcg • **J3490** Unclassified drug • **J3590** Unclassified biologics • **J9999** NOC, antineoplastic drugs
		CPT - Chemotherapy and complex drug/biologic infusions	• **96413** Chemotherapy administration, IV infusion technique, up to 1 hour, single or initial substance or drug • **96409** Chemotherapy administration, IV push, single or initial substance or drug
24E	**DIAGNOSIS POINTER**	Specify diagnosis from Item 21, A-L, relating to each CPT/HCPCS code listed in Item 24D.	
24G	**NDC SERVICE UNITS**	Plan requires the number of NDC units C9049 injection, tagraxofusp-erxs, 10 mcg, used in Item 24G. Specify the appropriate number of service units as designated by individual payers, there may be variation.	

Please see enclosed full Prescribing Information, including Boxed WARNING.

HEALTH INSURANCE CLAIM FORM

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

[ ][ ] PICA   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)
Enter Medicare HICN

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

3. PATIENT'S BIRTH DATE   SEX
MM DD CCYY   M [ ]   F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
When insured and patient are the same: SAME

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

6. PATIENT RELATIONSHIP TO INSURED
Self [ ]   Spouse [ ]   Child [ ]   Other [ ]

7. INSURED'S ADDRESS (No., Street)
When insured and patient are the same: SAME

CITY   STATE

8. RESERVED FOR NUCC USE
Leave blank

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
Must be complete

a. OTHER INSURED'S POLICY OR GROUP NUMBER
i.e., Medigap Policy number

a. EMPLOYMENT? (Current or Previous)
YES [ ]   NO [ ]

a. INSURED'S DATE OF BIRTH   SEX
MM DD CCYY   M [ ]   F [ ]

b. RESERVED FOR NUCC USE
Leave blank

b. AUTO ACCIDENT?   PLACE (State)
YES [ ]   NO [ ]

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE
Leave blank

c. OTHER ACCIDENT?
YES [ ]   NO [ ]

c. INSURANCE PLAN NAME OR PROGRAM NAME
9-digit PAYER ID# of primary insurer

d. INSURANCE PLAN NAME OR PROGRAM NAME
COBA Medigap-based identifier

10d. CLAIM CODES (Designated by NUCC)
Medicaid info. (MDC##)

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 **Can be "SIGNATURE ON FILE"**   DATE **MM DD CCYY**

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
FROM MM DD YY   TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
DN Name
17a. **Leave blank**
17b. NPI

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

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
Elzonris (tagraxofusp) injection for IV Use; NDC:72187-0401-1; Dose: 12 mcg/kg; cost

20. OUTSIDE LAB? $ CHARGES
YES [ ]   NO [ ]

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind. **0**

A. **C86.4**   B. _____   C. _____   D. _____
E. _____   F. _____   G. _____   H. _____
I. _____   J. _____   K. _____   L. _____

22. RESUBMISSION CODE **Leave blank**   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE						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. #
	From			To											
MM	DD	YY	MM	DD	YY										
1	MM DD YY	MM DD YY				19, 20, or 21		J3490		A					NPI
2								J3590		A					NPI
3								J9999		A					NPI
4								96413		A					NPI
5								96409		A					NPI
6								C9049		A					NPI

25. FEDERAL TAX I.D. NUMBER   SSN [ ] EIN [ ]
Required field

26. PATIENT'S ACCOUNT NO.
Number assigned by Provider

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 **Required field**   DATE MM/DD/YY

32. SERVICE FACILITY LOCATION INFORMATION
a. NPI of service facility   b.

33. BILLING PROVIDER INFO & PH # ( )
a. NPI Billing Provider   b.

NUCC Instruction Manual available at: www.nucc.org   **PLEASE PRINT OR TYPE**   APPROVED OMB-0938-1197 FORM 1500 (02-12)

ELZONRIS™
(tagraxofusp-erzs) Injection

APPENDIX SAMPLE ANNOTATED FORMS

Note: *Sample form and annotations are for example only. Providers must contact their patient's health plan representative to confirm required coding and documentation for individual situations.*
• Incomplete or invalid information will render form invalid and unable to be processed, causing payment delays

Sample CMS-1450/UB04 hospital outpatient billing: ELZONRIS INJECTION FOR IV USE

LINE	DESCRIPTION		CODES
42	**REVENUE CODE:** Corresponding to HCPCS or CPT© in FL44	**DRUG**	**Medicare:** Revenue code **0636** or **0335** chemotherapy administration IV
		PROCEDURE	Medicare and most payers require a revenue code for each procedure
	Payers vary on revenue code requirements. Please contact the patient's health plan to confirm required coding in individual situations.		
43	**DESCRIPTION:** ELZONRIS INJECTION FOR IV USE	**PRODUCT**	**C9049, J3490, J3590, or J9999**
		PROCEDURE	**Revenue code: 0636**
44	**PRODUCT AND PROCEDURE:** ELZONRIS INJECTION FOR IV USE	**PRODUCT**	**C9049, J3490, J3590, or J9999** **Revenue code: 0636**
		PROCEDURE CPT	**CHEMOTHERAPY AND COMPLEX DRUG/BIOLOGIC INFUSIONS** • **96413** Chemotherapy administration, IV infusion technique, up to 1 hour, single or initial substance/drug • **96409** Chemotherapy administration, IV push, single or initial substance/drug **Revenue code: 0335**
46	**SERVICE UNITS:** Injection, tagraxofusp-erzs, 10 mcg	**HCPCS**	• **C9049, J3490, J3590,** or **J9999**
	Medicaid and other payers may have different requirements. Please confirm with the payer.		
	Effective January 1, 2017, Medicare requires the use of the JW modifier on all claims that include wasted product when applicable.		
66	**DIAGNOSIS CODE**		**0**
67	**ICD-10-CM**		**C86.4** is the principal diagnosis code for BPDCN
69	**ADMIT DX**		**C86.4**
Note: Enter code reflecting histology of patient's disease diagnosis.			
80	**REMARKS:** ELZONRIS INJECTION FOR IV USE	**HCPCS**	• **C9049** • **J3490, J3590,** or **J9999**
	NDC	**10-digit:** **11-digit:**	**72187-0401-1** **72187-0401-01**
	Plans may accept NOC. However, this requires additional information: • Name of drug (brand/generic): **ELZONRIS INJECTION FOR IV USE/tagraxofusp-erzs** • NDC number: **10-digit: 72187-0401-1** or **11-digit: 72187-0401-01** • Dose, strength, unit of measure (ie, mg, ml, or unit), and route of administration: **infusion** • Cost		
	HIPAA 5010 requirements necessitate that the field also contain information on any other injectable drug being used by the patient, including the NDC number, drug name, unit of measure (ie, mg, mL, or unit), and cost.		

Please see enclosed full Prescribing Information, including Boxed WARNING.

UB-04 CMS-1450 Claim Form

1 Billing provider name Address; city, state, zip code + extension Area code, phone, fax, country code	2 Billing provider designated pay-to Name, address, city, state, ID	3a PAT. CNTL # alpha-numeric code assigned by provider	4 TYPE OF BILL
		b. MED. REC. # number assigned by provider	0234
		5 FED. TAX NO. 12-3456789	6 STATEMENT COVERS PERIOD FROM MM/DD/YY THROUGH MM/DD/YY	7 Leave blank

8 PATIENT NAME	a Last, first, MI, identifier	9 PATIENT ADDRESS	a Mailing address
b		b	c d e

| 10 BIRTHDATE MM/DD/CCYY | 11 SEX | 12 DATE 13 HR 14 TYPE 15 SRC MM/DD/YY | 16 DHR | 17 STAT | 18 19 20 21 | CONDITION CODES 22 23 24 25 26 27 28 | 29 ACDT STATE | 30 |

| 31 OCCURRENCE CODE DATE MM/DD/YY | 32 OCCURRENCE CODE DATE MM/DD/YY | 33 OCCURRENCE CODE DATE MM/DD/YY | 34 OCCURRENCE CODE DATE MM/DD/YY | 35 OCCURRENCE SPAN CODE FROM THROUGH MM/DD/YY MM/DD/YY | 36 OCCURRENCE SPAN CODE FROM THROUGH MM/DD/YY MM/DD/YY | 37 |

38	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
	a		
	b		
	c		
	d		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0636	Elzonris injection for IV Use	J3490	MM/DD/YY	1			
0636	Elzonris injection for IV Use	J3590	MM/DD/YY	1			
0636	Elzonris injection for IV Use	J9999	MM/DD/YY	1			
0636	Elzonris injection for IV Use	C9049	MM/DD/YY	1			
0335	Elzonris injection for IV Use	96413	MM/DD/YY	1			
0335	Elzonris injection for IV Use	96409	MM/DD/YY	1			

PAGE ____ OF ____   CREATION DATE   TOTALS ▶

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI Billing provider number
A Payer identification - Primary (1º)				1º	1º	57 Other provider number
B Payer identification - Secondary (2º)				2º	2º	OTHER Other provider number
C Payer identification - Tertiary (3º)				3º	3º	PRV ID Other provider number

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A				
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		(of the insured) Primary
B		(of the insured) Secondary
C		(of the insured) Tertiary

66 DX 0	C86.4						68

| 69 ADMIT DX C86.4 | 70 PATIENT REASON DX Reason for visit code | 71 PPS CODE | 72 ECI | 73 |

74 PRINCIPAL PROCEDURE CODE DATE MM/DD/YY	a. OTHER PROCEDURE CODE DATE MM/DD/YY	b. OTHER PROCEDURE CODE DATE MM/DD/YY	75	76 ATTENDING NPI MD Provider number QUAL
c. OTHER PROCEDURE CODE DATE MM/DD/YY	d. OTHER PROCEDURE CODE DATE MM/DD/YY	e. OTHER PROCEDURE CODE DATE MM/DD/YY		LAST FIRST
				77 OPERATING NPI Operating MD number QUAL
				LAST FIRST

80 REMARKS Elzonris (tagraxofusp) injection for intravenous Use; NDC:72187-0401-1; Dose: 12 mcg/kg; cost	81CC a b c d	78 OTHER NPI QUAL
		LAST FIRST
		79 OTHER NPI QUAL
		LAST FIRST

UB-04 CMS-1450   APPROVED OMB NO.   THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee
LIC9213257

ELZONRIS™
(tagraxofusp-erzs) Injection

STEMLINE ARC PROVIDES ACCESS, REIMBURSEMENT SUPPORT, AND CARE TO ELIGIBLE PATIENTS TAKING ELZONRIS INJECTION FOR IV USE

stemline arc™
access | reimbursement support | care

access
Support for benefits investigation and verification, information on alternate support, and co-pay support for eligible patients*

reimbursement support
Information regarding prior authorization, template letter of medical necessity, appeals of denied claims, and coding & billing support

care
Dedicated Nurse Advocates provide personalized education and information about product and disease state information, including helpful tools and resources†

Stemline ARC is here to help hospitals, offices, and patients alike. We provide:

- Hospital and office access/procurement support
- Support for prior authorization, medical exceptions, and appeals of denied claims
- Billing and coding guidance, including HCPCS, NDCs, and ICD-10 codes

$0

Stemline Commercial Co-Pay Program‡
- Eligible patients may pay as little as $0 for ELZONRIS Injection for IV Use

Stemline Patient Assistance Program§
- The Stemline Patient Assistance Program provides ELZONRIS Injection for IV Use to eligible patients who are under- or uninsured. Patients must meet certain criteria to qualify. Call 1-833-4-STEMLINE (1-833-478-3654) for more information

Independent Third-Party Foundations‖
- Stemline ARC can provide information about independent third-party foundations for eligible patients

For more information about Stemline ARC, call 1-833-4-STEMLINE (1-833-478-3654) from 8:00 AM to 8:00 PM ET, Monday through Friday, or visit StemlineARC.com. Fax completed enrollment form to 1-833-329-7836.

*In order to be eligible for the Stemline Commercial Co-Pay Program, the patient must not have government-funded health insurance (eg, Medicare, Medicaid, or any other federal or state program), must be taking ELZONRIS Injection for IV Use for an FDA-approved indication, and must confirm that they meet all of the eligibility criteria and agree to the rules set forth in the terms and conditions for the program. Patients and healthcare providers are responsible for completing and submitting enrollment forms and coverage or reimbursement documentation. Stemline Therapeutics, Inc. makes no representation or guarantee concerning coverage or reimbursement of any service or item.

†Dedicated Nurse Advocates are available to provide education and answer questions about treatment with ELZONRIS Injection for IV Use. Nurse Advocate support is not intended to replace discussions between patients and their healthcare providers.

‡Patients must meet eligibility criteria. In order to be eligible for the Stemline Commercial Co-Pay Program, the patient must not have government-funded health insurance (eg, Medicare, Medicaid, or any other federal or state program), must be taking ELZONRIS Injection for IV Use for an FDA-approved indication, and must confirm that they meet all of the eligibility criteria and agree to the rules set forth in the terms and conditions for the program. Patients and healthcare providers are responsible for completing and submitting enrollment forms and coverage or reimbursement documentation. Stemline Therapeutics, Inc. makes no representation or guarantee concerning coverage or reimbursement of any service or item.

§To be eligible for this program, insured patients must have exhausted all other forms of patient assistance and meet financial criteria. Insured and uninsured patients must also meet certain eligibility criteria.

‖Stemline Therapeutics, Inc. does not influence or control the operations or eligibility criteria of any independent charitable assistance foundation and cannot guarantee assistance after information has been provided by Stemline ARC. The information is provided as a resource to patients. The foundations that we discuss with patients are not exhaustive or indicative of Stemline Therapeutics, Inc.'s endorsement or financial support. There may be other foundations to support the patient's disease state.

Stemline®

ELZONRIS™
(tagraxofusp-erzs) Injection

stemline arc™
access | reimbursement support | care