Cell Therapy 360™

Benefit Verification Checklist

for Bristol Myers Squibb CAR T Cell Therapies

Coverage and reimbursement for CAR T cell therapies may vary based on payer-specific requirements, potential site/setting of care, and patient-specific benefits. Benefit verification (BV) with a patient's payer is critical to help identify specific considerations for each appropriate patient for Bristol Myers Squibb CAR T cell therapies.

Key Fact

Treatment centers should confirm access prior to apheresis scheduling, including BV, PA approval, and single case agreement (if required).

Coverage

- ✔ Confirm coverage status
- ✔ Verify if prior authorization (PA) is required
  - Determine PA requirements, documentation, and peer-to-peer review process
  - Confirm the requirements and process for an expedited PA review

Reimbursement

- ✔ Understand reimbursement methodology for potential sites/settings of care
- ✔ Verify if case rate reimbursement is required
  - Negotiate a single case agreement

Patient Benefits

- ✔ Estimate out-of-pocket (OOP) costs for potential sites/setting of care, including:
  - Coinsurance, copayment, annual deductible and/or OOP maximum
- ✔ Check if patient has secondary/supplemental insurance
  - Verify coordination of benefits between the primary and the secondary payers
- ✔ Identify whether there are out-of-network restrictions and/or referral requirements

Coding and Billing

- ✔ Confirm coding and billing requirements for potential sites/setting of care

Cell Therapy 360® Patient Support is here to help. Visit CellTherapy360.com to review the insurance coverage lookup tool. Call 1-888-805-4555 for assistance with coverage verification, including BV, PA support, appeals support, and coding and billing information.

CAR T = chimeric antigen receptor T cell.

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.

Bristol Myers Squibb™