

# CODING AND BILLING GUIDE FOR



**Permanent J-Code and NTAP designation for ELZONRIS® (tagraxofusp-erzs) Injection for Intravenous (IV) Use, effective October 1, 2019**

ELZONRIS INJECTION FOR IV USE			
<b>Permanent J-Code<sup>1</sup>:</b> <b>J9269</b> Injection, tagraxofusp- erzs, 10 mcg	<b>ICD-10-PCS<sup>2</sup>:</b> <b>XW033Q5 or</b> <b>XW043Q5*</b>	<b>Revenue Code<sup>3</sup>:</b> <b>0636</b>	<b>CPT Codes<sup>4</sup>:</b> <b>96413 or</b> <b>96409</b>

**Centers for Medicare & Medicaid Services (CMS) granted ELZONRIS Injection for IV Use a New Technology Add-On Payment (NTAP) designation for inpatient utilization.<sup>†</sup>**

\*Procedure code required to initiate NTAP payment.

<sup>†</sup>Medicare beneficiaries at qualified facilities that report an appropriate diagnosis code and ICD-10-PCS for the inpatient administration of ELZONRIS Injection for IV Use may be eligible for additional payment. NTAP as defined by CMS is issued to new technology meeting specific criteria and thresholds. The technology must be: 1) New; 2 or 3 years following FDA approval; 2) Existing MS-DRG must be inadequate; and 3) Technology must have substantial clinical improvement over existing services. The amount of payment is the lesser of 65% of the cost of ELZONRIS Injection for IV Use OR 65% of the amount by which the cost of the case exceeds the MS-DRG payment.

*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 October 1, 2019 and is subject to change.*

Please see accompanying 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 hospital 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

DISPENSING PACK QUANTITY	1 vial/box
NDC	72187-0401-1 or 72187-0401-01
PERMANENT J-CODE	J9269 Injection, tagraxofusp-erzs, 10 mcg
CPT CODES <sup>4</sup>	96413 or 96409
DESCRIPTION <sup>5</sup>	Single-dose, sterile glass vial containing 1 mL of solution

## NTAP DESIGNATION: ICD-10-PCS CODES LISTED BELOW FOR MEDICAL NECESSITY OF ELZONRIS INJECTION FOR IV USE

- C86.4, the principal diagnosis code for blastic plasmacytoid dendritic cell neoplasm (BPDCN)
- Procedure: Required ICD-10-PCS
- Procedure code: XW033Q5 or XW043Q5

For Medicare patients, non-exempt hospitals that report the correct ICD-10-PCS procedure and diagnosis codes may qualify for additional reimbursement the lesser of 65% of the cost of ELZONRIS Injection for IV Use **OR** 65% of the amount by which the cost of the case exceeds the MS-DRG payment.

**ELZONRIS Injection for IV Use NTAP and J-Code effective October 1, 2019.**

## 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) and dose given (10-mcg increments)
- ✓ 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)<sup>6</sup>

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<sup>7</sup>

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<sup>8,9</sup>

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

#### NDCs<sup>6</sup>

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

**Always confirm coding requirements with each patient's individual health plan, as the information required may vary.**



Please see accompanying full Prescribing Information, including Boxed WARNING.

## CODING AND BILLING OVERVIEW (cont'd)

### 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<sup>10</sup>

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

### HCPCS codes<sup>8,9</sup>

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 <sup>5,6</sup>		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/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
PERMANENT J-CODE <sup>1</sup>				
J9269	ELZONRIS Injection, tagraxofusp-erzs, 10 mcg	N/A	Form Locator 44 or electronic comment field	

## PAYER SPECIFICS

### Medicare

#### Medicare Part B<sup>11</sup>

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

#### Medicare Administrative Contractors (MACs)<sup>12</sup>

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 durable medical equipment (DME) MAC jurisdiction, visit the CMS website.

#### Medicare Part D<sup>11</sup>

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<sup>7</sup>

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. Centers for Medicare & Medicaid Services. C-Codes Effective October 1, 2019. Available at <https://www.cms.gov/Medicare/Coding/HCPCSRleaseCodeSets/HCPCS-Quarterly-Update.html>. Accessed September 5, 2019. 2. Centers for Medicare & Medicaid Services. Fiscal year 2020 final rule. Available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page-Items/FY2020-IPPS-Final-Rule-Data-Files.html>. Accessed August 26, 2019. 3. 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. 4. Optum360. 2018 Coding Companion for Oncology/Hematology. Eden Prairie, MN: Optum360; 2017. 5. ELZONRIS [prescribing information]. New York, NY, US: Stemline Therapeutics, Inc; December 2018. 6. 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. 7. 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/ICD9-10CM-ICD10PCS-CPT-HCPCS-Code-Sets-Educational-Tool-ICN900943.pdf> Published May 2018. Accessed October 8, 2018. 8. 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. 9. HCPCS coding questions. Centers for Medicare & Medicaid Services website. [https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCS\\_Coding\\_Questions.html](https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCS_Coding_Questions.html). Updated July 22, 2013. Accessed October 9, 2018. 10. 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. 11. 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. 12. 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.



Please see accompanying full Prescribing Information, including Boxed WARNING.

## 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		<b>Note:</b> 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	<p>Commercial, Medicare, Medicare Advantage, Medicare fee-for-service HCPCS codes</p> <p>J9269 Injection, tagraxofusp-erzs, 10 mcg</p> <p>CPT - Chemotherapy and complex drug/biologic infusions</p> <p>96413 Chemotherapy administration, IV infusion technique, up to 1 hour, single or initial substance or drug</p> <p>96409 Chemotherapy administration, IV push, single or initial substance or drug</p>	
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 J9269 injection, tagraxofusp-erzs, <b>10 mcg</b> , used in Item 24G. Specify the appropriate number of service units as designated by individual payers. There may be variation.	

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIMS COMMITTEE (NUCC) 08/02

**PICA**

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHER  
(Medicare#) (Medicaid#) (ID#/DOD#) (Member ID#) (ID#) (ID#) (ID#) (ID#)

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) 5. PATIENT ADDRESS (Mo., Street) 6. PATIENT RELATIONSHIP TO INSURED  
Self Spouse Child Other

CITY STATE 8. RESERVED FOR NUCC USE  
Leave blank

ZIP CODE TELEPHONE (include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO:  
a. EMPLOYMENT? (Current or Previous)  
i.e., Medigap Policy number  
b. RESERVED FOR NUCC USE  
Leave blank

c. OTHER ACCIDENT? PLACE (State)  
Leave blank

d. INSURANCE PLAN NAME OR PROGRAM NAME  
COBA Medigap-based identifier 11. INSURED'S POLICY GROUP OR FECA NUMBER  
Must be complete

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 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 (If any) 15. OTHER DATE  
MM DD YY QUAL MM DD YY  
16. ENTER 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. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

19. 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.

24. 24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE  
C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Usual Circumstances)  
CPT/HCPCS D. MODIFIER  
1 MM DD YY MM DD YY 14, 20, or 21 J9269 A x NPI

24D. 2 96413 A I NPI  
3 96409 A I NPI  
4  
5  
6

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO.  
Required field Number assigned by Provider  
27. ACCEPT ASSIGNMENT? 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.)

32. SERVICE FACILITY LOCATION INFORMATION  
SIGNED Required field DATE MM/DD/YY a. NPI of service facility b. NPI Billing Provider  
NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

 **ELZONRIS**<sup>®</sup>  
(tagraxofusp-erzs) Injection

Please see accompanying full Prescribing Information, including Boxed WARNING.

## 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/UB-04 hospital outpatient billing: ELZONRIS INJECTION FOR IV USE

LINE	DESCRIPTION		CODES
42	<b>REVENUE CODE:</b> Corresponding to HCPCS or CPT® in FL44	DRUG	Medicare: Revenue code <b>0636</b> or <b>0335</b> 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	<b>DESCRIPTION:</b> ELZONRIS INJECTION FOR IV USE	PRODUCT	J9269 Injection, tagraxofusp-erzs, 10 mcg
		PROCEDURE	Revenue code: <b>0636</b>
44	<b>PRODUCT AND PROCEDURE:</b> ELZONRIS INJECTION FOR IV USE	PRODUCT	J9269 Injection, tagraxofusp-erzs, 10 mcg Revenue code: <b>0636</b>
		PROCEDURE CPT	<b>CHEMOTHERAPY AND COMPLEX DRUG/BIOLOGIC INFUSIONS</b> • 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: <b>0335</b>
46	<b>NDC Service Units:</b> Plan requires the number of NDC units J9269 injection, tagraxofusp-erzs, <b>10 mcg</b> , used in Item 46. Specify the appropriate number of service units as designated by individual payers. There may be variation.		
66	DIAGNOSIS CODE	<b>0</b>	
67	ICD-10-CM	<b>C86.4</b> is the principal diagnosis code for BPDCN	
69	ADMIT DX	<b>C86.4</b>	
<b>Note:</b> Enter code reflecting histology of patient's disease diagnosis.			
74	ICD-10-PCS	<b>XW033Q5</b> or <b>XW043Q5</b>	
80	Plans are different and some may require additional information. Please check with the patient's plan to ensure all required information is provided for timely reimbursement.		

<b>1</b> Billing provider name Address, city, state, zip code + extension Area code, phone, fax, country code	<b>2</b> Billing provider designated pay-to Name, address, city, state, ID	<b>3a</b> PAT CNTL # <b>4</b> TYPE OF BILL alpha-numeric code assigned by provider number assigned by provider 0234				
<b>5</b> FED. TAX NO. 12-3456789	<b>6</b> STATEMENT COVERS PERIOD FROM MM/DD/YY THROUGH MM/DD/YY	<b>7</b> Leave blank				
<b>8</b> PATIENT NAME a. Last, first, MI, identifier	<b>9</b> PATIENT ADDRESS b. Mailing address	<b>c</b> <b>d</b> <b>e</b>				
<b>10</b> BIRTHDATE MM/DD/CCYY	<b>11</b> SEX MM/DD/YY	<b>12</b> DATE MM/DD/YY	<b>13</b> ADMISSION 14 HR 15 TYPE 16 SRC 17 DHR	<b>18</b> <b>19</b> <b>20</b> <b>21</b> <b>22</b> <b>23</b> <b>24</b> <b>25</b> <b>26</b> <b>27</b> <b>28</b> <b>29</b> ACCT STATE MM/DD/YY	<b>30</b>	
<b>31</b> OCCURRENCE DATE CODE MM/DD/YY	<b>32</b> OCCURRENCE DATE CODE MM/DD/YY	<b>33</b> OCCURRENCE DATE CODE MM/DD/YY	<b>34</b> OCCURRENCE DATE CODE MM/DD/YY	<b>35</b> OCCURRENCE DATE CODE MM/DD/YY	<b>36</b> OCCURRENCE SPAN FROM MM/DD/YY THROUGH MM/DD/YY	<b>37</b>
<b>38</b>	<b>39</b> VALUE CODES CODE a. b. c. d.	<b>40</b> VALUE CODES CODE a. b. c. d.	<b>41</b> VALUE CODES CODE a. b. c. d.			
<b>42</b> 42 REV. CD. 1 0636 2 3 0335 4 5 0335 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 3310 3311 3312 3313 3314 3315 3316 3317 3318 3319 3320 3321 3322 3323 3324 3325 3326 3327 3328 3329 3330 3331 3332 3333 3334 3335 3336 3337 3338 3339 33310 33311 33312 33313 33314 33315 33316 33317 33318 33319 33320 33321 33322 33323 33324 33325 33326 33327 33328 33329 33330 33331 33332 33333 33334 33335 33336 33337 33338 33339 333310 333311 333312 333313 333314 333315 333316 333317 333318 333319 333320 333321 333322 333323 333324 333325 333326 333327 333328 333329 333330 333331 333332 333333 333334 333335 333336 333337 333338 333339 3333310 3333311 3333312 3333313 3333314 3333315 3333316 3333317 3333318 3333319 3333320 3333321 3333322 3333323 3333324 3333325 3333326 3333327 3333328 3333329 3333330 3333331 3333332 3333333 3333334 3333335 3333336 3333337 3333338 3333339 33333310 33333311 33333312 33333313 33333314 33333315 33333316 33333317 33333318 33333319 33333320 33333321 33333322 33333323 33333324 33333325 33333326 33333327 33333328 33333329 33333330 33333331 33333332 33333333 33333334 33333335 33333336 33333337 33333338 33333339 333333310 333333311 333333312 333333313 333333314 333333315 333333316 333333317 333333318 333333319 333333320 333333321 333333322 333333323 333333324 333333325 333333326 333333327 333333328 333333329 333333330 333333331 333333332 333333333 333333334 333333335 333333336 333333337 333333338 333333339 3333333310 3333333311 3333333312 3333333313 3333333314 3333333315 3333333316 3333333317 3333333318 3333333319 3333333320 3333333321 3333333322 3333333323 3333333324 3333333325 3333333326 3333333327 3333333328 3333333329 3333333330 3333333331 3333333332 3333333333 3333333334 3333333335 3333333336 3333333337 3333333338 3333333339 33333333310 33333333311 33333333312 33333333313 33333333314 33333333315 33333333316 33333333317 33333333318 33333333319 33333333320 33333333321 33333333322 33333333323 33333333324 33333333325 33333333326 33333333327 33333333328 33333333329 33333333330 33333333331 33333333332 33333333333 33333333334 33333333335 33333333336 33333333337 33333333338 33333333339 333333333310 333333333311 333333333312 333333333313 333333333314 333333333315 333333333316 333333333317 333333333318 333333333319 333333333320 333333333321 333333333322 333333333323 333333333324 333333333325 333333333326 333333333327 333333333328 333333333329 333333333330 333333333331 333333333332 333333333333 333333333334 333333333335 333333333336 333333333337 333333333338 333333333339 3333333333310 3333333333311 3333333333312 3333333333313 3333333333314 3333333333315 3333333333316 3333333333317 3333333333318 3333333333319 3333333333320 3333333333321 3333333333322 3333333333323 3333333333324 3333333333325 3333333333326 3333333333327 3333333333328 3333333333329 3333333333330 3333333333331 3333333333332 3333333333333 3333333333334 3333333333335 3333333333336 3333333333337 3333333333338 3333333333339 33333333333310 33333333333311 33333333333312 33333333333313 33333333333314 33333333333315 33333333333316 33333333333317 33333333333318 33333333333319 33333333333320 33333333333321 33333333333322 33333333333323 33333333333324 33333333333325 33333333333326 33333333333327 33333333333328 33333333333329 33333333333330 33333333333331 33333333333332 33333333333333 33333333333334 33333333333335 33333333333336 33333333333337 33333333333338 33333333333339 333333333333310 333333333333311 333333333333312 333333333333313 333333333333314 333333333333315 333333333333316 333333333333317 333333333333318 333333333333319 333333333333320 333333333333321 333333333333322 333333333						

# STEMLINE ARC™ PROVIDES ACCESS, REIMBURSEMENT SUPPORT, AND CARE FOR ELIGIBLE PATIENTS THROUGHOUT TREATMENT WITH ELZONRIS INJECTION FOR IV USE



## a ccess

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

## r eimbursement support

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

## c are

Dedicated Nurse Advocates provide personalized education and information about product and disease state information, including helpful tools and resources<sup>†</sup>

## Stemline ARC is here to help patients, hospitals, and offices 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 J-code, NDC, ICD-10, and MS-DRG

**\$0**

### Stemline Commercial Co-Pay Program

- Eligible patients may pay as little as \$0 per month supply of ELZONRIS Injection for IV Use



### Stemline Patient Assistance Program<sup>‡</sup>

- 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<sup>§</sup>

- 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 9:00 AM to 6:00 PM EST, Monday through Friday, or visit [StemlineARC.com](http://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.

<sup>†</sup>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.

<sup>‡</sup>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.

<sup>§</sup>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.

