



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

CAR-T Therapy

Benefit

CAR-T therapy is in benefit when ordered by the Primary Care Physician and when performed at an HMO contracted facility that has been approved by the CAR-T manufacturer.

CAR-T is in benefit if the therapeutic CAR-T agent is FDA approved and is being administered for the treatment of a condition, for which CAR-T has been proven to be effective. CAR-T is not considered a transplant related service. The FDA has approved the CAR-T agent as a drug. CAR-T is not in benefit as part of a Clinical Trial (see Investigational Procedures, Drugs, Devices, Services, and/or Supplies guideline)

The PCP must send a referral to the contracting transplant facility to initiate evaluation of the member. If the PCP determines medical appropriateness, a member may be referred to multiple Blue Cross and Blue Shield of Illinois HMO contracted centers that can perform the CAR-T administration.

Notification Process

1. The IPA will initiate the notification process by contacting the HMO Clinical Delegation Coordinator (CDC) . The IPA will securely send the CDC the member information along with the required documentation. via fax or email:
 - Member name, Group and ID numbers
 - Member's contact telephone number
 - Name and contract information of facility, including phone number, and Tax ID
 - Copy of the referral to the CAR-T facility
 - Member's diagnosis, type of CAR-T, medical history, including date of last treatment, and proposed start date of CAR-T therapy
 - Letter from PCP indicating approval and that the Car-T is a curative treatment for the member's condition.
 - Letter from the CAR-T facility and statement from Referring Physician at the medical facility confirming the member's CAR-T candidate status and that the CAR-T is a curative treatment for the member's condition.
2. Once the HMO CDC receives the documentation, it will be reviewed with the HMO Medical Director. The HMO CDC will generate a letter to the IPA notifying them of the determination with a copy to the Provider Network Consultant and the Customer Advocate Specialist(s) in the Service Centers (FSUs). The IPA is responsible for notifying the member as per the IPA's member notification process.

Note: If a member changes IPAs during the workup or follow up care period, the new IPA must send a new notification to the HMO and issue a new referral.

Note: If a member needs a second CAR-T treatment, a new notification request will need to be submitted to the HMO.

Interpretation

The IPA is expected to continue to perform Utilization/Referral and Case Management for both CAR-T related care and routine/unrelated medical needs. The IPA also remains responsible for care and payment (according to the terms of the Medical Service Agreement) of underlying medical conditions that led to the need for the CAR-T treatment. Examples include, but are not limited to, ongoing testing and treatment for the cancer that has led to the CAR-T evaluation and ambulatory services related to CAR-T that occur post-hospitalization.

Once the HMO has sent the notification letter to the IPA, confirming that these services are in benefit for the member, the following CAR-T services become the financial responsibility of the HMO:

- Preparation of CAR-T
- All inpatient and outpatient surgical facility covered services related to the CAR-T administration
- After the member has received the CAR-T treatment, benefits will be provided for transportation and lodging for the member and a companion for the 90-day post-hospitalization period after the CAR-T administration. If the recipient of the treatment is a dependent child, benefits for transportation and lodging will be provided for the CAR-T recipient and two companions.

For lodging benefits to be available, the member's place of residency must be more than a 30-minute transit radius from the Hospital where the CAR-T will be administered. Lodging is limited to \$50.00 for each night, per person. Transportation costs are also covered and must be primarily for and essential to medical care. Benefits for transportation and lodging are limited to a maximum of \$10,000 per episode of treatment.

These services are not in benefit:

- Drugs which are Investigational
- Storage fees
- Services provided to any individual who is not the recipient unless otherwise specified in this provision.
- Travel time or related expenses incurred by a Provider

Paid By	Diagnostic Work-up charges (regardless if Member is accepted as a CAR-T candidate or actually has CAR-T treatment)	IPA
	Professional Charges	IPA
	Drug Charges (inpatient admission):	HMO
	Inpatient Facility and Outpatient Surgical Facility Charges:	HMO

Note: BlueCare DirectSM: The physician signing the referral and submitting the approval letter may be the PCP, a treating provider or a physician advisor.

Note: At this time, Kymriah has been approved for treatment in members up to and including 25 years of age. Yescarta has been approved for treatment in members 18 and above.