

Billing Guidelines for Healthcare Providers

Oncocyte realizes that each patient's situation is unique. We are here to support the patient throughout the insurance claim and billing process. We believe every patient who could benefit from VitaGraft Kidney testing should have access to our test and are committed to helping patients manage related out-of-pocket expenses.

We accept all insurances, including Medicare, and we have several programs to make our testing affordable for all patients. We accept patients in all states except New York.

Medicare patients have no out-of-pocket cost for VitaGraft Kidney when medically necessary (in accordance with the Medicare Local Coverage Determination, see back for details).

The VitaGraft Kidney test will require a prior authorization in order for the patient to receive the best possible benefits. **Medical records are required for the prior authorization process.** Please provide the following:

- 1. The clinical chart note indicating the reason for ordering VitaGraft Kidney.**
- 2. Documentation showing when the transplant was performed and any biopsy documentation.**

As a courtesy, upon receiving complete and accurate insurance information, we will file a claim with your patient's insurance. We will pursue positive adjudications. If a claim is denied, when permitted, we will appeal to the patient's insurance on their behalf. Qualified patients may apply for financial assistance through the Financial Assistance Application available on our website.

The Billing Process

Does Your Patient Have Medicare?

VitaGraft Kidney is medically necessary and covered by Medicare when specific criteria are met under a Local Coverage Determination (LCD) (see below for details). Patients with Medicare Advantage may have an out-of-pocket expense based on their plan. Oncocyte will bill Medicare directly.

Does Your Patient Have Commercial Insurance?

We accept all patients with any insurance plans and will bill the patient's insurance directly as an out-of-network provider.

Coverage may differ depending on the patient's insurance plan, and all denied claims will be appealed. Additional information may be needed from you to support the appeal process. The appeal process is time-sensitive and prompt attention to related requests you may receive from us will be needed.

Is Your Patient Uninsured?

Oncocyte will work with your patient to ensure that the cost of the VitaGraft Kidney is affordable by offering a financial assistance program and interest-free payment plans.

Financial Assistance and Payment Plans

Patients who meet specific criteria may be eligible for assistance. Patients may contact Oncocyte's direct billing at **1-844-679-6600** or download a Financial Assistance Application available under Billing Information to see if they qualify: oncocyte.com/vitagraft-kidney/.

For any questions please contact the Oncocyte Customer Service Team at
+1-844-679-6600 (direct billing) or customer.service@oncocyte.com

Medicare Local Coverage Determination (LCD) Criteria

VitaGraft Kidney is a blood-based transplant monitoring test that quantifies the concentration of donor-derived cell-free DNA following kidney transplantation. The test is considered medically necessary by CMS if the following criteria are met:

1. The patient has had a kidney transplant.
2. The patient has clinical suspicion of rejection at least 12 days post-transplant.

ICD-10 Codes

CODE	DESCRIPTION
Z94.0	Kidney transplant status
Z48.22	Encounter for aftercare following kidney transplant
T86.10	Unspecified complication of kidney transplant
T86.19	Other complication of kidney transplant

VitaGraft Kidney is a blood-based monitoring test that quantifies the concentration of donor-derived cell-free DNA (dd-cfDNA) following kidney transplantation using droplet-digital PCR technology.

For VitaGraft Kidney, we have included the list of diagnosis codes from the Medicare Local Coverage determination policy Medicare has determined to be medically necessary.

The ICD-10 codes are provided as a guide to help determine if the test is reimbursable by Medicare based on the patient's medical condition.

Oncocyte does not recommend diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff ICD-10 Codes that support medical necessity,

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