HIGHMARK.

# Reimbursement Policy

Title: Advanced Gene and Cellular Therapies

Policy Number: RP-053

Version Number: 2026.04.06

| | | | |
|---|---|---|---|
| Medicare Advantage: | PA, WV, DE, NY | Version Effective: | April 6, 2026 |
| Commercial: | PA, WV, DE, NY | Originally Effective: | October 1, 2019 |
| Claim Type: | CMS 1500 and UB04 | History Versions: | Click Here → History |

**Disclosure**: *The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.*

## Description:

This policy directs how the Plan reimburses specified gene and cellular therapies specified when eligible and when the provider's contract does not have a stated reimbursement method for cellular and gene therapies. This policy does not guarantee coverage or clinical approval for Commercial or Medicare Advantage. The Plan's determination of coverage will be based on Centers for Medicare and Medicaid (CMS) coverage guidelines for applicable claims.

## Reimbursement Guidelines:

The illustrative common scenarios herein are provided for guidance, where applicable, to facilitate appropriate reimbursement, reference the most current (CMS) guidelines, in conjunction with all applicable billing and coding requirements pertaining to each cell and gene therapy outlined in this policy.

**Professional (1500)**

Professional reimbursement pricing methodology will be documented for applicability at a future date only at this time. Professional claims will be reimbursed at 100% of the CMS established professional rate. If no Medicare professional rate exists, then the drug(s) – referenced below – will pay at the wholesale acquisition cost (WAC), or invoice cost.

**Facility (UB)**

Outpatient

Outpatient claims will be reimbursed at 100% of the CMS established Ambulatory Payment Classification (APC) rate. If no APC rate exists, then the drug(s) – referenced below – will pay at the Wholesale Acquisition Cost (WAC), or invoice cost.

In-patient

If the claim is billed as in-patient, the drug charge will not be included in the Diagnosis Related Grouping (DRG) cost outlier calculation. The drug will be reimbursed separately per the outpatient reimbursement guidelines outlined in this policy. For facilities billing inpatient services, the drug payment will be included in their negotiated case rate.

## Coding:

All claims must include revenue codes created by National Uniform Billing Committee (NUBC), to capture Chimeric Antigen Receptor T cell (CAR-T) services and products. The 087X revenue code series must be included for services related to the therapy. Specifically, revenue codes 0874 and 0875 must be reported for the actual infusion or injection of the drug. The Plan requires the revenue code 0891 to be used to report the actual drug.

Value Code 90 with the invoice/acquisition cost needs to also be reported on any claim reporting revenue code 891. Revenue code 0892 - "Special Processed Drugs" - FDA Approved Gene Therapy is more appropriate to bill for gene therapies, mirroring 0891 for cell therapy products.

**Note:** When Not Otherwise Classified (NOC) or temporary codes are assigned a specific code, they will remain applicable to this policy.

**Scenario 1: CAR-T Dosing and Preparation Services and Viable T-cells Administered in Hospital Outpatient Department (HOPD) Setting**

When administering the CAR-T drug in the hospital outpatient setting, report Current Procedural Terminology (CPT) code 38228 for the administration and Healthcare Common Procedure Coding System (HCPCS) codes associated with the drug/biological CAR-T products – outlined in the table below.

The procedures described CPT codes 38225 (collection/handling), 38226 (preparation for transport), and 38227 (receipt and preparation) represent the various steps required to collect and prepare the genetically modified T-cells, and these steps are not paid separately under the Outpatient Prospective Payment System (OPPS). Report the charges for these various steps to collect and prepare the CAR T-cells separately and the Plan will reject them on the outpatient claim, or they may be included in the charge reported for the biological.

**Note**: When including the charges for collection and preparation of the CAR-T cells in the charge for the CAR-T product, outpatient providers should code the CAR-T product service on the date that the CAR-T administration took place and not on the date when the cells were collected.

**Scenario 2: CAR-T Dosing and Preparation Services Administered in HOPD Setting, but Viable T-cells Not Administered**

In instances when the CAR-T drug is not ultimately administered to the beneficiary, but the CAR-T preparation services are initiated or performed in the HOPD setting, the hospital may not report the drug Q-code (which only applies when the T-cells are administered in the HOPD setting). HOPDs may report CPT codes 38225, 38226, and 38227 (as appropriate) and the charges associated with each code under the appropriate revenue code on the HOPD claim. The Plan will reject these codes.

**Scenario 3: CAR-T Dosing and Preparation Services Done in HOPD Setting, but Viable T-cells Administered in the Inpatient Setting**

When CAR T-cell preparation services are initiated and furnished in the hospital outpatient setting, but the CAR T-cells are administered in the inpatient setting, the hospital may not report the drug Q-code (which only applies when the T-cells are administered in the HOPD setting). Report the charge associated with the various steps to collect and prepare the CAR T-cells on the inpatient claim (Type of Bill 11X) separately using revenue codes 0871, 0872, or 0873. Alternatively, the hospital may include the charges for these various steps in the charge reported for the biological using revenue code 0891 – Special Processed Drugs – FDA (U.S. Food and Drug Administration) Approved Cell Therapy – charges for modified cell therapy.

**Note**: When the cells are collected in the hospital outpatient setting and the CAR-T is administered in the hospital inpatient setting, inpatient providers should report the date that the CAR-T administration took place and not the date the cells were collected.

Modifier LU (Fractionated payment of CAR-T-Therapy): The Plan does not reimburse fractionate amounts for CAR-T therapy services. Providers should **not** report this modifier (LU) or bill fractionated CAR-T services on claims.

| HCPC | Product Name | Related Medical Policies | |
|---|---|---|---|
| | **Cellular Therapies: CAR-T & TCR Therapies** | **Commercial** | **Medicare Advantage** |
| Q2041 | Yescarta (axicabtagene ciloleucel) | **I-180:** Chimeric Antigen Receptor T-Cell & T-cell receptor (TCR) Therapies | **N-258**: Chimeric Antigen Receptor T-Cell Therapy – NCD 110.24 |
| Q2042 | Kymriah (tisagenlecleucel) | | |
| Q2053 | Tecartus (brexucabtagene autoleucel) | | |
| Q2054 | Breyanzi (lisocabtagene maraleucel) | | |
| Q2055 | Abecma (idecabtagene vicleucel | | |
| Q2056 | Carvykti (ciltacabtagene autoleucel) | | |
| Q2057 | Tecelra (afamitresgene autoleucel) | | |
| Q2058 | Aucatzyl (obecabtagene autoleucel) | | |

| HCPC | Product Name | Related Medical Policies | |
|---|---|---|---|
| | **Other Cellular Therapies** | **Commercial** | **Medicare Advantage** |

| | | | |
|---|---|---|---|
| Q2043 | Provenge (sipuleucel-T)** | **I-26:** Autologous Cellular Immunotherapy for Prostate Cancer<br>**S-11:** Pheresis Therapy | **I-106:** sipuleucel-T (Provenge)<br>**N-256:** Autologous Cellular Immunotherapy Treatment – NCD 110.22 |
| NOC | Omisirge (omidubicel-onlv) | **S-226:** Placental/Umbilical Cord Blood as a Source of Stem Cells | N/A |
| NOC | Lantidra (donislecel) | **S-144:** Islet Cell | N/A |
| NOC | Amtagvi (Lifileucel) | **I-283:** Lifileucel (Amtagvi) | **I-295:** Lifileucel (Amtagvi) |
| J3402 | Ryoncil (remestemcel-L-rknd)** | **I-299**: Remestemcel-L-rknd (Ryoncil) | N/A |

| HCPC | Product Name | Related Medical Policies | |
|---|---|---|---|
| | **Gene Therapies** | **Commercial** | **Medicare Advantage** |
| J3398 | Luxturna (voretigene neparvovec-rzyl) | **I-183:** Voretigene Neparvovec-rzyl (Luxturna) | **I-183:** Voretigene Neparvovec-rzyl (Luxturna) |
| J3399 | Zolgensma (onasemnogene abeparvovec-xioi) | **I-157:** Treatment of Spinal Muscular Atrophy | **I-239:** Treatment of Spinal Muscular Atrophy |
| NOC | Itvisma (onasemnogene abeparvovec-brve) | **I-157:** Treatment of Spinal Muscular Atrophy | **I-239:** Treatment of Spinal Muscular Atrophy |
| J1411 | Hemgenix (etranacogene dezaparvovec) | **I-259:** Entranacogene dezaparvovec (Hemgenix) | **I-269:** Entranacogene dezaparvovec (Hemgenix) |
| J1412 | Roctavian (valoctocogene roxaparvovec-rvox) | **I-271:** Valoctocogene Roxaparvovec-rvox (Roctavian) | **I-280:** Valoctocogene Roxaparvovec-rvox (Roctavian) |
| J1413 | Elevidys (delandistrogene moxeparvovec) | **I-269:** Delandistrogene moxeparvovec (Elevidys) | N/A |
| J3393 | Zynteglo (betibeglogene autotemcel) | **I-253:** Betibeglogene autotemcel (Zynteglo) | **I-299:** Betibeglogene autotemcel (Zynteglo) |
| NOC | Skysona (elivaldogene autotemcel) | **I-258:** Elivaldogene autotemcel (Skysona) | N/A |
| J3392 | Casgevy (exagamglogene autotemcel) | **I-281:** Exagamglogene autotemcel (Casgevy) | **I-290:** Exagamglogene autotemcel (Casgevy) |
| J3394 | Lyfgenia (lovotibeglogene autotemcel) | **I-282:** Lovotibeglogene autotemcel (Lyfgenia) | **I-291:** Lovotibeglogene autotemcel (Lyfgenia) |
| J3391 | Lenmeldy (atidarsagene autotemcel) | **I-284:** Atidarsagene autotemcel (Lenmeldy) | N/A |
| J1414 | Beqvez (fidanacogene elaparvovec-dzkt) | **I-285:** Fidanacogene elaparvovec-dzkt (Beqvez) | **I-286:** Fidanacogene elaparvovec-dzkt (Beqvez) |
| J9325 | Imlygic (talimogene laherparepvec)** | **I-147:** Talimogene Laherparepvec (Imlygic) | **I-147:** Talimogene Laherparepvec (Imlygic) |
| J9029 | Adstiladrin (nadofaragene firadenovec)** | **I-264:** Nadofaragene firadenovec-vncg (Adstiladrin) | **I-274:** Nadofaragene firadenovec-vncg (Adstiladrin) |
| J3401 | Vyjuvek (beremeagene geperpavec-svdt)** | **G-49:** Beremagene geperpavec-svdt (Vyjuvek) | **G-55:** Beremagene geperpavec-svdt (Vyjuvek) |
| NOC | Zevaskyn (prademagene zamikeracel)** | **G-50**: Prademagene zamikeracel (Zevaskyn) | **G-56:** Prademagene zamikeracel (Zevaskyn) |
| NOC | Kebilidi (eladocagene exuparvovec-tneq) | **I-296**: Eladocagene exuparvovec-tneq (Kebilidi) | **I-307:** Eladocagene exuparvovec-tneq (Kebilidi) |
| NOC | Papzimeos (zopapogene imadenovec-drba)** | **I-308**: Zopapogene Imadenovec-drba (Papzimeos) | **I-315:** Zopapogene Imadenovec-drba (Papzimeos) |
| J3403 | Encelto (revakinagene taroretcel-lwey)** | **I-300:** Revakinagene taroretcel-lwey (Encelto) | **I-310**: Revakinagene taroretcel-lwey (Encelto) |

| | | | |
|---|---|---|---|
| NOC | Waskyra (etuvetidigene autotemcel) | I-310 | N/A |

| HCPC | Product Name | Related Medical Policies | |
|---|---|---|---|
| | RNA Therapies | Commercial | Medicare Advantage |
| J2326 | Spinraza (nusinersen)** | **I-157:** Treatment of Spinal Muscular Atrophy | **I-239:** Treatment of Spinal Muscular Atrophy |

## Definitions:

| Term or Acronym | Definition |
|---|---|
| Gene Therapy | The use of genetic material in the treatment or prevention of disease. The transferred genetic material changes how cells produce disease modifying protein(s). The therapeutic impact can include gene addition, correction, silencing, reprogramming, or cell elimination. |
| Cell Therapy | The transfer of intact, live cells into a patient to help reduce or cure a disease. The cells may be autologous (originating from the patient) or allogeneic (originating from donor). The type of cells administered depends on the treatment and can be classified by their potential to transform into different cell types. |
| Chimeric Antigen Receptor (CAR)-T Cell Therapy | A method of modifying the patient's own immune cells (T-cells) to express a receptor on their surface that recognizes structures (antigens) on the surface of malignant cells. Once the receptor binds to a tumor antigen, the T-cell is stimulated to attack the malignant cells. |
| RNA therapy | The use of shorter sequences of genetic material in RNA format to treat or prevent a disease. These therapies typically require repeat dosing to maintain a therapeutic effect since the DNA is not being enhanced or modified. |

## References:


- National Uniform Billing Committee, UB-04 Data Specifications Manual 2024
- Centers of Medicare and Medicaid Services: MLN Matters, SE19009, Chimeric Antigen Receptor (CAR) T-Cell Therapy Revenue Code and HCPCS Setup Revisions
- Centers of Medicare and Medicaid Services: MLN Matters, SE19024, Billing Instructions for Beneficiaries Enrolled in Medicare Advantage (MA) Plans for Services Covered by Decision Memo CAG-00451N
- Centers of Medicare and Medicaid Services Federal Register Vol. 89, No. 229. Rules and Regulations: Calendar Year (CY) 2025 Outpatient Prospective Payment System Ambulatory Surgery Center (OPPS/ASC) final rule (89 FR 93934). November 27, 2024


## Related Plan Policies:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

## Policy Update History:

| | |
|---|---|
| 1 / 2023 | Added direction for modifier LU |
| 1 / 2024 | Added novel therapies, HCPCs codes, and corresponding medical policies since the last update. Administrative changes were also made for clarity and alignment with current contracts. |
| 8 / 2024 | Added novel therapies, HCPCs codes, and updated corresponding medical policies. Administrative changes were also made for clarity and alignment with current contracts. |
| 2 / 2025 | Added new cell and gene therapies Tecelra and Beqvez. Replaced NOC with updated HCPCs for Zynteglo (J3393) and Lyfgenia (J3394). Updated references for Lenmeldy and Beqvez. |
| 12 / 2025 | Added novel therapies, HCPCS codes, corresponding medical policies, and updates for alignment with current contracts. Added reference to the most current CMS guidelines. |
| 4 / 2026 | Added therapies Itvisma and Waskyra |

# Highmark Reimbursement Policy Bulletin

HISTORY VERSIONS

| | | | |
|---|---|---|---|
| **Bulletin Number:** | RP-053 | | |
| **Subject:** | Advanced Gene and Cellular Therapies | | |
| **Effective Date:** | October 1, 2019 | **End Date:** | |
| **Issue Date:** | December 24, 2025 | **Revised Date:** | December 2025 |
| **Date Reviewed:** | November 2025 | | |
| **Source:** | Reimbursement Policy | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Applicable Commercial Market** | **PA** | ☒ | **WV** | ☒ | **DE** | ☒ | **NY** | ☒ |
| **Applicable Medicare Advantage Market** | **PA** | ☒ | **WV** | ☒ | **DE** | ☒ | **NY** | ☒ |
| **Applicable Claim Type** | **UB** | ☒ | **1500** | ☒ | | | | |

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan.



## PURPOSE:

This policy is designed to provide direction on how the Cellular and Gene Therapies specified on this policy are reimbursed by the Plan when eligible and when the contract between Provider and the Plan does not have a stated reimbursement method for Cellular and Gene Therapies. This policy does not guarantee coverage or clinical approval for Commercial or Medicare Advantage. The Plan's determination of coverage will be based on Centers for Medicare and Medicaid (CMS) coverage guidelines for Commercial and Medicare Advantage claims.

## REIMBURSEMENT GUIDELINES:

The illustrative common scenarios herein are provided for guidance, where applicable. To facilitate appropriate reimbursement, reference the most current (CMS) guidelines, in conjunction with all applicable billing and coding requirements pertaining to each cell and gene therapy outlined in this policy.

### Professional (1500)

Professional reimbursement pricing methodology will be documented for applicability at a future date only at this time. Professional claims will be reimbursed at 100% of the CMS established professional rate. If no Medicare professional rate exists, then the drug(s) – referenced below – will pay at the wholesale acquisition cost (WAC), or invoice cost.

### Facility (UB)

Outpatient

All claims must include revenue codes created by National Uniform Billing Committee (NUBC), to capture Chimeric Antigen Receptor T cell (CAR-T) services and products. The 087X revenue code series must be

included for services related to the therapy. Specifically, revenue codes 0874 and 0875 must be reported for the actual infusion or injection of the drug. The Plan requires the revenue code 0891 to be used to report the actual drug.

Value Code 90 with the invoice/acquisition cost needs to also be reported on any claim reporting revenue code 891. Revenue code 0892 - "Special Processed Drugs" - FDA Approved Gene Therapy is more appropriate to bill for gene therapies, mirroring 0891 for cell therapy products.

**Note:** When drugs with Not Otherwise Classified (NOC) or temporary codes are assigned a specific code, they will remain applicable to this Policy.

**Note**: Outpatient claims will be reimbursed at 100% of the CMS established Ambulatory Payment Classification (APC) rate. If no APC rate exists, then the drug(s) – referenced below – will pay at the Wholesale Acquisition Cost (WAC), or invoice cost.

**Scenario 1: CAR-T Dosing and Preparation Services and Viable T-cells Administered in Hospital Outpatient Department (HOPD) Setting**

When administering the CAR-T drug in the hospital outpatient setting, report Current Procedural Terminology (CPT) code 38228 for the administration and Healthcare Common Procedure Coding System (HCPCS) codes associated with the drug/biological CAR-T products – outlined in the table below.

The procedures described CPT codes 38225 (collection/handling), 38226 (preparation for transport), and 38227 (receipt and preparation) represent the various steps required to collect and prepare the genetically modified T-cells, and these steps are not paid separately under the Outpatient Prospective Payment System (OPPS).

Report the charges for these various steps to collect and prepare the CAR T-cells separately and Highmark will reject them on the outpatient claim, or they may be included in the charge reported for the biological.

**Note**: When including the charges for collection and preparation of the CAR-T cells in the charge for the CAR-T product, outpatient providers should code the CAR-T product service on the date that the CAR-T administration took place and not on the date when the cells were collected.

**Scenario 2: CAR-T Dosing and Preparation Services Administered in HOPD Setting, but Viable T-cells Not Administered**

In instances when the CAR-T drug is not ultimately administered to the beneficiary, but the CAR-T preparation services are initiated or performed in the HOPD setting, the hospital may not report the drug Q-code (which only applies when the T-cells are administered in the HOPD setting).

HOPDs may report CPT codes 38225, 38226, and 38227 (as appropriate) and the charges associated with each code under the appropriate revenue code on the HOPD claim. Highmark will reject these codes.

**Scenario 3: CAR-T Dosing and Preparation Services Administered in HOPD Setting, but Viable T-cells Administered in the Hospital Inpatient Setting**

When CAR T-cell preparation services are initiated and furnished in the hospital outpatient setting, but the CAR T-cells are administered in the inpatient setting, the hospital may not report the drug Q-code (which only applies when the T-cells are administered in the HOPD setting). Report the charge associated with the various steps to collect and prepare the CAR T-cells on the inpatient claim (Type of Bill 11X) separately using revenue codes 0871, 0872, or 0873.

Alternatively, the hospital may include the charges for these various steps in the charge reported for the biological using revenue code 0891 – Special Processed Drugs – FDA (U.S. Food and Drug Administration) Approved Cell Therapy – charges for modified cell therapy.

**Note**: When the cells are collected in the hospital outpatient setting and the CAR-T is administered in the hospital inpatient setting, inpatient providers should report the date that the CAR-T administration took place and not the date the cells were collected.

In-patient

If the claim is billed as in-patient, the drug charge will not be included in the Diagnosis Related Grouping (DRG) cost outlier calculation. The drug will be reimbursed separately per the outpatient reimbursement guidelines outlined in this policy.

For facilities billing inpatient services, the drug payment will be included in their negotiated case rate.

**Note:** When drugs with NOC or temporary codes are assigned a specific code, they will remain applicable to this policy.



## APPLICABLE CELLULAR & GENE THERAPY PRODUCTS AND RELATED PLAN POLICIES:

| HCPC | Product Name | Related Medical Policies | |
|---|---|---|---|
| | **Cellular Therapies: CAR-T & TCR Therapies** | **Commercial** | **Medicare Advantage** |
| Q2041<br>Q2042<br>Q2053<br>Q2054<br>Q2055<br>Q2056<br>Q2057<br>Q2058 | Yescarta (axicabtagene ciloleucel)<br>Kymriah (tisagenlecleucel)<br>Tecartus (brexucabtagene autoleucel)<br>Breyanzi (lisocabtagene maraleucel)<br>Abecma (idecabtagene vicleucel<br>Carvykti (ciltacabtagene autoleucel)<br>Tecelra (afamitresgene autoleucel)<br>Aucatzyl (obecabtagene autoleucel) | **I-180:** Chimeric Antigen Receptor T-Cell & T-cell receptor (TCR) Therapies | **N-258**: Chimeric Antigen Receptor T-Cell Therapy – NCD 110.24 |
| **HCPC** | **Product Name** | **Related Medical Policies** | |
| | **Other CellularTherapies** | **Commercial** | **Medicare Advantage** |
| Q2043 | Provenge (sipuleucel-T)** | **I-26:** Autologous Cellular Immunotherapy for Prostate Cancer<br>**S-11:** Pheresis Therapy | **I-106:** sipuleucel-T (Provenge)<br>**N-256:** Autologous Cellular Immunotherapy Treatment – NCD 110.22 |
| NOC | Omisirge (omidubicel-onlv) | **S-226:** Placental/Umbilical Cord Blood as a Source of Stem Cells | N/A |
| NOC | Lantidra (donislecel) | **S-144:** Islet Cell | N/A |

| | | | |
|---|---|---|---|
| NOC | Amtagvi (Lifileucel) | **I-283:** Lifileucel (Amtagvi) | **I-295:** Lifileucel (Amtagvi) |
| J3402 | Ryoncil (remestemcel-L-rknd)** | **I-299**: Remestemcel-L-rknd (Ryoncil) | N/A |
| **HCPC** | **Product Name** | **Related Medical Policies** | |
| | **Gene Therapies** | **Commercial** | **Medicare Advantage** |
| J3398 | Luxturna (voretigene neparvovec-rzyl) | **I-183:** Voretigene Neparvovec-rzyl (Luxturna) | **I-183:** Voretigene Neparvovec-rzyl (Luxturna) |
| J3399 | Zolgensma (onasemnogene abeparvovec-xioi) | **I-157:** Treatment of Spinal Muscular Atrophy | **I-239:** Treatment of Spinal Muscular Atrophy |
| J1411 | Hemgenix (etranacogene dezaparvovec) | **I-259:** Entranacogene dezaparvovec (Hemgenix) | **I-269:** Entranacogene dezaparvovec (Hemgenix) |
| J1412 | Roctavian (valoctocogene roxaparvovec-rvox) | **I-271:** Valoctocogene Roxaparvovec-rvox (Roctavian) | **I-280:** Valoctocogene Roxaparvovec-rvox (Roctavian) |
| J1413 | Elevidys (delandistrogene moxeparvovec) | **I-269:** Delandistrogene moxeparvovec (Elevidys) | N/A |
| J3393 | Zynteglo (betibeglogene autotemcel) | **I-253:** Betibeglogene autotemcel (Zynteglo) | N/A |
| NOC | Skysona (elivaldogene autotemcel) | **I-258:** Elivaldogene autotemcel (Skysona) | N/A |
| J3392 | Casgevy (exagamglogene autotemcel) | **I-281:** Exagamglogene autotemcel (Casgevy) | **I-290:** Exagamglogene autotemcel (Casgevy) |
| J3394 | Lyfgenia (lovotibeglogene autotemcel) | **I-282:** Lovotibeglogene autotemcel (Lyfgenia) | **I-291:** Lovotibeglogene autotemcel (Lyfgenia) |
| J3391 | Lenmeldy (atidarsagene autotemcel) | **I-284:** Atidarsagene autotemcel (Lenmeldy) | N/A |
| J1414 | Beqvez (fidanacogene elaparvovec-dzkt) | **I-285:** Fidanacogene elaparvovec-dzkt (Beqvez) | **I-286:** Fidanacogene elaparvovec-dzkt (Beqvez) |
| J9325 | Imlygic (talimogene laherparepvec)** | **I-147:** Talimogene Laherparepvec (Imlygic) | **I-147:** Talimogene Laherparepvec (Imlygic) |
| J9029 | Adstiladrin (nadofaragene firadenovec)** | **I-264:** Nadofaragene firadenovec-vncg (Adstiladrin) | **I-274:** Nadofaragene firadenovec-vncg (Adstiladrin) |
| J3401 | Vyjuvek (beremeagene geperpavec-svdt)** | **G-49:** Beremagene geperpavec-svdt (Vyjuvek) | **G-55:** Beremagene geperpavec-svdt (Vyjuvek) |
| NOC | Zevaskyn (prademagene zamikeracel)** | **G-50**: Prademagene zamikeracel (Zevaskyn) | **G-56:** Prademagene zamikeracel (Zevaskyn) |
| NOC | Kebilidi (eladocagene exuparvovec-tneq) | **I-296**: Eladocagene exuparvovec-tneq (Kebilidi) | **I-307:** Eladocagene exuparvovec-tneq (Kebilidi) |
| NOC | Papzimeos (zopapogene imadenovec-drba)** | **I-308**: Zopapogene Imadenovec-drba (Papzimeos) | **I-315:** Zopapogene Imadenovec-drba (Papzimeos) |
| J3403 | Encelto (revakinagene taroretcel-lwey)** | **I-300:** Revakinagene taroretcel-lwey (Encelto) | **I-310**: Revakinagene taroretcel-lwey (Encelto) |
| **HCPC** | **Product Name** | **Related Medical Policies** | |
| | **RNA Therapies** | **Commercial** | **Medicare Advantage** |
| J2326 | Spinraza (nusinersen)** | **I-157:** Treatment of Spinal Muscular Atrophy | **I-239:** Treatment of Spinal Muscular Atrophy |

**May warrant multiple administrations based on recommended use, as outlined in the product prescribing information.

Place of service (inpatient/outpatient) may be variable based on patient-specific requirements, unique administration requirements, need for close monitoring, and specifications in treatment protocols by each qualified treatment center.

NOC (not otherwise classified) codes for unclassified biologic drugs consists of J3590 and C9399 (for hospital outpatient use only). When drugs with NOC or temporary codes are assigned a specific code, they will remain applicable to this Policy.

## DEFINITIONS:

| Term or Acronym | Definition |
|---|---|
| Gene Therapy | The use of genetic material in the treatment or prevention of disease. The transferred genetic material changes how cells produce disease modifying protein(s). The therapeutic impact can include gene addition, correction, silencing, reprogramming, or cell elimination. |
| Cell Therapy | The transfer of intact, live cells into a patient to help reduce or cure a disease. The cells may be autologous (originating from the patient) or allogeneic (originating from donor). The type of cells administered depends on the treatment and can be classified by their potential to transform into different cell types. |
| Chimeric Antigen Receptor (CAR)-T Cell Therapy | A method of modifying the patient's own immune cells (T-cells) to express a receptor on their surface that recognizes structures (antigens) on the surface of malignant cells. Once the receptor binds to a tumor antigen, the T-cell is stimulated to attack the malignant cells. |
| RNA therapy | The use of shorter sequences of genetic material in RNA format to treat or prevent a disease. These therapies typically require repeat dosing to maintain a therapeutic effect since the DNA is not being enhanced or modified. |

## MODIFIERS:

Modifier LU: Fractionated payment of CAR-T-Therapy

The Plan does not reimburse fractionate amounts for CAR-T therapy services. Providers should not report this modifier or bill fractionated CAR-T services on claims.



## REFERENCES:


- National Uniform Billing Committee, UB-04 Data Specifications Manual 2024
  National Uniform Billing Committee | NUBC
- MLN Matters, SE19009, Chimeric Antigen Receptor (CAR) T-Cell Therapy Revenue Code and HCPCS Setup Revisions
  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE19009.pdf
- MLN Matters, SE19024, Billing Instructions for Beneficiaries Enrolled in Medicare Advantage (MA) Plans for Services Covered by Decision Memo CAG-00451N
  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19024.pdf

- Centers of Medicare and Medicaid Services Federal Register Vol. 89, No. 229. Rules and Regulations: Calendar Year (CY) 2025 Outpatient Prospective Payment System Ambulatory Surgery Center (OPPS/ASC) final rule (89 FR 93934). November 27, 2024

**POLICY UPDATE HISTORY INFORMATION:**

| | |
|---|---|
| 10 / 2019 | Implementation |
| 1 / 2020 | Added Medicare Statement, removed medical policy I-180, ref MLN article, ref. N-XXX-001 |
| 5 / 2020 | Updated Inpatient guidelines for HCPCS codes Q2042 and Q2041 |
| 11 / 2020 | Added new Revenue code under the Outpatient Section. Also added a new drug Tecartus |
| 1 / 2021 | Removed Medicare Statement, Added Code C9073 for Tercartus |
| 7 / 2021 | Added C9076 and C9399. Added new policy header with expanded regional checkboxes |
| 10 / 2021 | Added Q2054 in place of C9076, Q2053 in place of C9073, C9081 in place of C9399 |
| 1 / 2022 | Replaced C9081 with new code Q2055 for the same drug |
| 4 / 2022 | Removed I-206 Onasemnogene Abeparvovec (Zolgensma) |
| 5 / 2022 | Removed Value Code 86 replaced with Value Code 90 under Outpatient Section |
| 7 / 2022 | Added code C9098 |
| 10 / 2022 | Replaced C9098 with new code Q2056 for the same drug |
| 1 / 2023 | Added direction for modifier LU |
| 1 / 2024 | Added novel therapies, HCPCs codes, and corresponding medical policies since the last update. Administrative changes were also made for clarity and alignment with current contracts. |
| 8 / 2024 | Added novel therapies, HCPCs codes, and updated corresponding medical policies. Administrative changes were also made for clarity and alignment with current contracts. |
| 2 / 2025 | Added new cell and gene therapies Tecelra and Beqvez. Replaced NOC with updated HCPCs for Zynteglo (J3393) and Lyfgenia (J3394). Updated references for Lenmeldy and Beqvez. |
| 12 / 2025 | Added novel therapies, HCPCS codes, corresponding medical policies, and updates for alignment with current contracts. Added reference to the most current CMS guidelines. |



## IMPORTANT INFORMATION

*The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the member's contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations.*

# Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

| | | | |
|---|---|---|---|
| **Bulletin Number:** | RP-053 | | |
| **Subject:** | Advanced Gene and Cellular Therapies | | |
| **Effective Date:** | October 1, 2019 | **End Date:** | |
| **Issue Date:** | February 24, 2025 | **Revised Date:** | February 2025 |
| **Date Reviewed:** | November 2024 | | |
| **Source:** | Reimbursement Policy | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Applicable Commercial Market** | **PA** | ☒ | **WV** | ☒ | **DE** | ☒ | **NY** | ☒ |
| **Applicable Medicare Advantage Market** | **PA** | ☒ | **WV** | ☒ | **DE** | ☒ | **NY** | ☒ |
| **Applicable Claim Type** | **UB** | ☒ | **1500** | ☒ | | | | |

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.



## PURPOSE:

This policy is designed to provide direction on how the Cellular and Gene Therapies specified on this policy are reimbursed by the Plan when eligible and when the contract between Provider and the Plan does not have a stated reimbursement method for Cellular and Gene Therapies.

This policy does not guarantee coverage or clinical approval for Commercial or Medicare Advantage. The Plan's determination of coverage will be based on Centers for Medicare and Medicaid (CMS) coverage guidelines for Commercial and Medicare Advantage claims.

## REIMBURSEMENT GUIDELINES:

The scenarios outlined below are common examples that should be followed for all cell and gene therapies outlined in this policy, where applicable.

### Professional (1500)

Professional reimbursement pricing methodology will be documented for applicability at a future date only at this time. Professional claims will be reimbursed at 100% of the CMS established professional rate.

If no Medicare professional rate exists, then the drug(s) – referenced below – will pay at the wholesale acquisition cost (WAC), or invoice cost.

### Facility (UB)

Outpatient

All claims must include revenue codes created by National Uniform Billing Committee (NUBC) effective January 1, 2018, to capture Chimeric Antigen Receptor T-cell (CAR-T) services and products. The 087X revenue code series must be included for services related to the therapy. Specifically, revenue codes 0874 and 0875 must be reported for the actual infusion or injection of the drug. The Plan is requiring revenue code 0891 be used to report the actual drug.

Value Code 90 with the invoice/acquisition cost needs to also be reported on any claim reporting revenue code 891. Revenue code 0892 - "Special Processed Drugs" - FDA Approved Gene Therapy. This mirrors the existing code 0891 for cell therapy products. This Revenue code is more appropriate to bill for gene therapies.

**Note:** When drugs with Not Otherwise Classified (NOC) or temporary codes are assigned a specific code, they will remain applicable to this Policy.

**Note**: Outpatient claims will be reimbursed at 100% of the CMS established Ambulatory Payment Classification (APC) rate. If no APC rate exists, then the drug(s) – referenced below – will pay at the Wholesale Acquisition Cost (WAC), or invoice cost.



**Scenario 1: CAR-T Dosing and Preparation Services and Viable T-cells Administered in Hospital Outpatient Department (HOPD) Setting**

When administering the CAR-T drug in the hospital outpatient setting, report Current Procedural Terminology (CPT) code 0540T for the administration and Healthcare Common Procedure Coding System (HCPCS) Q-code Q2041 or Q2042 for the drug/biological. As discussed in the Calendar Year (CY) 2019 Outpatient Prospective Payment System Ambulatory Surgery Center (OPPS/ASC) final rule (83 FR 58904), the procedures described by CPT codes 0537T (collection/handling), 0538T (preparation for transport), and 0539T (receipt and preparation) represent the various steps required to collect and prepare the genetically modified T-cells, and these steps are not paid separately under the OPPS.

Report the charges for these various steps to collect and prepare the CAR T-cells separately and Highmark will reject them on the outpatient claim, or they may be included in the charge reported for the biological.

**Note**: When including the charges for collection and preparation of the CAR T-cells in the charge for the CAR-T product, outpatient providers should code the CAR-T product service on the date that the CAR-T administration took place and not on the date when the cells were collected.

**Scenario 2: CAR-T Dosing and Preparation Services Administered in HOPD Setting, but Viable T-cells Not Administered**

In instances when the CAR-T drug is not ultimately administered to the beneficiary, but the CAR-T preparation services are initiated or performed in the HOPD setting, the hospital may not report the drug Q-code (which only applies when the T-cells are administered in the HOPD setting). HOPDs may report CPT codes 0537T, 0538T, and 0539T (as appropriate) and the charges associated with each code under the appropriate revenue code on the HOPD claim. Highmark will reject these codes.

**Scenario 3: CAR-T Dosing and Preparation Services Administered in HOPD Setting, but Viable T-cells Administered in the Hospital Inpatient Setting**

When CAR T-cell preparation services are initiated and furnished in the hospital outpatient setting, but the CAR T-cells are administered in the inpatient setting, the hospital may not report the drug Q-code (which only applies when the T-cells are administered in the HOPD setting). Report the charge associated with the various steps to collect and prepare the CAR T-cells on the inpatient claim (Type of Bill 11X) separately using revenue codes 0871, 0872, or 0873. Alternatively, the hospital may include the charges for these various steps in the charge reported for the biological using revenue code 0891 – Special Processed Drugs – FDA (U.S. Food and Drug Administration) Approved Cell Therapy – charges for modified cell therapy.

**Note**: When the cells are collected in the hospital outpatient setting and the CAR-T is administered in the hospital inpatient setting, inpatient providers should report the date that the CAR-T administration took place and not the date the cells were collected.

Inpatient

If the claim is billed as inpatient, the drug charge will not be included in the DRG cost outlier calculation. The drug will be reimbursed separately per the outpatient reimbursement guidelines outlined in this policy.

For facilities billing inpatient services, the drug payment will be included in their negotiated case rate.

**Note:** When drugs with NOC or temporary codes are assigned a specific code, they will remain applicable to this policy.



## APPLICABLE CELLULAR & GENE THERAPY PRODUCTS AND RELATED PLAN POLICIES:

| HCPCs | Product Name | Related Highmark Medical Policies | |
|---|---|---|---|
| | **Cellular Therapies: CAR-T & TCR Therapies** | **Commercial** | **Medicare Advantage** |
| Q2041<br>Q2042<br>Q2053<br>Q2054<br>Q2055<br>Q2056<br>NOC | • Yescarta (axicabtagene ciloleucel)<br>• Kymriah (tisagenlecleucel)<br>• Tecartus (brexucabtagene autoleucel)<br>• Breyanzi (lisocabtagene maraleucel)<br>• Abecma (idecabtagene vicleucel)<br>• Carvykti (ciltacabtagene autoleucel)<br>• Tecelra (afamitresgene autoleucel) | • I-180: Chimeric Antigen Receptor T-Cell & T-cell receptor (TCR) Therapies | • N-258: Chimeric Antigen Receptor T-Cell Therapy – NCD 110.24 |
| | **Other Cellular Therapies** | **Commercial** | **Medicare Advantage** |
| Q2043 | • Provenge (sipuleucel-T)** | • I-26: Autologous Cellular Immunotherapy for Prostate Cancer<br>• S-11: Pheresis Therapy | • I-106: sipuleucel-T (Provenge)<br>• N-256: Autologous Cellular Immunotherapy Treatment – NCD 110.22 |
| NOC | • Omisirge (omidubicel-onlv) | • S-226: Placental/Umbilical Cord Blood as a Source of Stem Cells<br>• S-144: Islet Cell Transplantation | • N/A |
| NOC | • Lantidra (donislecel) | | • N/A |
| NOC | • Amtagvi (Lifileucel) | • I-283: Lifileucel (Amtagvi) | • I-295: Lifileucel (Amtagvi) |
| | **Gene Therapies** | **Commercial** | **Medicare Advantage** |

| | | | |
|---|---|---|---|
| J3398<br>J3399 | • Luxturna (voretigene neparvovec-rzyl)<br>• Zolgensma (onasemnogene abeparvovec-xioi) | • I-183: Voretigene Neparvovec-rzyl (Luxturna)<br>• I-157: Treatment of Spinal Muscular Atrophy | • I-183: Voretigene Neparvovec-rzyl (Luxturna)<br>• I-239: Treatment of Spinal Muscular Atrophy |
| J1411<br>J1412 | • Hemgenix (etranacogene dezaparvovec)<br>• Roctavian (valoctocogene roxaparvovec-rvox) | • I-259: Entranacogene dezaparvovec (Hemgenix)<br>• I-271: Valoctocogene Roxaparvovec-rvox (Roctavian) | • I-269: Entranacogene dezaparvovec (Hemgenix)<br>• I-280: Valoctocogene Roxaparvovec-rvox (Roctavian) |
| J1413 | • Elevidys (delandistrogene moxeparvovec) | • I-269: Delandistrogene moxeparvovec (Elevidys) | • N/A |
| J3393 | • Zynteglo (betibeglogene autotemcel) | • I-253: Betibeglogene autotemcel (Zynteglo) | • N/A |
| NOC | • Skysona (elivaldogene autotemcel) | • I-258: Elivaldogene autotemcel (Skysona) | • N/A |
| NOC | • Casgevy (exagamglogene autotemcel) | • I-281: Exagamglogene autotemcel (Casgevy) | • I-290: Exagamglogene autotemcel (Casgevy) |
| J3394 | • Lyfgenia (lovotibeglogene autotemcel) | • I-282: Lovotibeglogene autotemcel (Lyfgenia) | • I-291: Lovotibeglogene autotemcel (Lyfgenia) |
| NOC | • Lenmeldy (atidarsagene autotemcel) | • I-284 | • N/A |
| NOC | • Beqvez (fidanacogene elaparvovec-dzkt) | • I-285 | • I-296 |
| J9325<br>J9029<br>J3401 | • Imlygic (talimogene laherparepvec)**<br>• Adstiladrin (nadofaragene firadenovec)**<br>• Vyjuvek (beremeagene geperpavec-svdt)** | • I-147: Talimogene Laherparepvec (Imlygic)<br>• I-264: Nadofaragene firadenovec-vncg (Adstiladrin)<br>• G-49: Beremagene geperpavec-svdt (Vyjuvek) | • I-147: Talimogene Laherparepvec (Imlygic)<br>• I-274: Nadofaragene firadenovec-vncg (Adstiladrin)<br>• G-55: Beremagene geperpavec-svdt (Vyjuvek) |
| | **RNA Therapies** | **Commercial** | **Medicare Advantage** |
| J2326 | • Spinraza (nusinersen)** | • I-157: Treatment of Spinal Muscular Atrophy | • I-239: Treatment of Spinal Muscular Atrophy |

**May warrant multiple administrations based on recommended use, as outlined in the product prescribing information.

Place of service (inpatient/outpatient) may be variable based on patient-specific requirements, unique administration requirements, need for close monitoring, and specifications in treatment protocols by each qualified treatment center.

NOC (not otherwise classified) codes for unclassified biologic drugs consists of J3590 and C9399 (for hospital outpatient use only). When drugs with NOC or temporary codes are assigned a specific code, they will remain applicable to this Policy.



## DEFINITIONS:

| Term or Acronym | Definition |
|---|---|
| Gene Therapy | The use of genetic material in the treatment or prevention of disease. The transferred genetic material changes how cells produce disease modifying protein(s). The therapeutic impact can include gene addition, correction, silencing, reprogramming, or cell elimination. |

| | |
|---|---|
| Cell Therapy | The transfer of intact, live cells into a patient to help reduce or cure a disease. The cells may be autologous (originating from the patient) or allogeneic (originating from donor). The type of cells administered depends on the treatment and can be classified by their potential to transform into different cell types. |
| Chimeric Antigen Receptor (CAR)-T Cell Therapy | A method of modifying the patient's own immune cells (T-cells) to express a receptor on their surface that recognizes structures (antigens) on the surface of malignant cells. Once the receptor binds to a tumor antigen, the T-cell is stimulated to attack the malignant cells. |
| RNA therapy | The use of shorter sequences of genetic material in RNA format to treat or prevent a disease. These therapies typically require repeat dosing to maintain a therapeutic effect since the DNA is not being enhanced or modified. |

**MODIFIERS:**

Modifier LU: Fractionated payment of CAR-T-Therapy

The Plan does not reimburse fractionate amounts for CAR-T therapy services. Providers should not report this modifier or bill fractionated CAR-T services on claims.

**REFERENCES:**


- National Uniform Billing Committee, UB-04 Data Specifications Manual 2024
  National Uniform Billing Committee | NUBC
- MLN Matters, SE19009, Chimeric Antigen Receptor (CAR) T-Cell Therapy Revenue Code and HCPCS Setup Revisions
  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE19009.pdf
- MLN Matters, SE19024, Billing Instructions for Beneficiaries Enrolled in Medicare Advantage (MA) Plans for Services Covered by Decision Memo CAG-00451N
  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19024.pdf




**POLICY UPDATE HISTORY INFORMATION:**

| | |
|---|---|
| 10 / 2019 | Implementation |
| 1 / 2020 | Added Medicare Statement, removed medical policy I-180, ref MLN article, ref. N-XXX-001 |
| 5 / 2020 | Updated Inpatient guidelines for CPT codes Q2042 and Q2041 |
| 11 / 2020 | Added new Revenue code under the Outpatient Section. Also added a new drug Tecartus |
| 1 / 2021 | Removed Medicare Statement, Added Code C9073 for Tercartus |
| 7 / 2021 | Added C9076 and C9399. Added new policy header with expanded regional checkboxes |
| 10 / 2021 | Added Q2054 in place of C9076, Q2053 in place of C9073, C9081 in place of C9399 |
| 1 / 2022 | Replaced C9081 with new code Q2055 for the same drug |
| 4 / 2022 | Removed I-206 Onasemnogene Abeparvovec (Zolgensma) |
| 5 / 2022 | Removed Value Code 86 replaced with Value Code 90 under Outpatient Section |
| 7 / 2022 | Added code C9098 |
| 10 / 2022 | Replaced C9098 with new code Q2056 for the same drug |
| 1 / 2023 | Added direction for modifier LU |

| | |
|---|---|
| 1 / 2024 | Added novel therapies, HCPCs codes, and corresponding medical policies since the last update. Administrative changes were also made for clarity and alignment with current contracts. |
| 8 / 2024 | Added novel therapies, HCPCs codes, and updated corresponding medical policies. Administrative changes were also made for clarity and alignment with current contracts. |
| 2 / 2025 | Added new cell and gene therapies Beqvez and Tecelra. Replaced NOC with updated HCPCs for Zynteglo (J3393) and Lyfgenia (J3394). Updated references for Lenmeldy and Beqvez. |

# Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

| | | | |
|---|---|---|---|
| **Bulletin Number:** | RP-053 | | |
| **Subject:** | Advanced Gene and Cellular Therapies | | |
| **Effective Date:** | October 1, 2019 | **End Date:** | |
| **Issue Date:** | August 8, 2024 | **Revised Date:** | August 2024 |
| **Date Reviewed:** | May 2024 | | |
| **Source:** | Reimbursement Policy | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Applicable Commercial Market** | **PA** | ☒ | **WV** | ☒ | **DE** | ☒ | **NY** | ☒ |
| **Applicable Medicare Advantage Market** | **PA** | ☒ | **WV** | ☒ | **DE** | ☒ | **NY** | ☒ |
| **Applicable Claim Type** | **UB** | ☒ | **1500** | ☒ | | | | |

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.



**PURPOSE:**

This policy is designed to provide direction on how the Cellular and Gene Therapies specified on this policy are reimbursed by the Plan when eligible and when the contract between Provider and the Plan does not have a stated reimbursement method for Cellular and Gene Therapies.

**Gene therapy** is the use of genetic material in the treatment or prevention of disease. The transferred genetic material changes how cells produce disease modifying protein(s). The therapeutic impact can include gene addition, correction, silencing, reprogramming, or cell elimination.

**Cell therapy** is the transfer of intact, live cells into a patient to help reduce or cure a disease. The cells may be autologous (originating from the patient) or allogeneic (originating from donor). The type of cells administered depends on the treatment and can be classified by their potential to transform into different cell types. **Chimeric antigen receptor (CAR)-T cell therapy** is a way of modifying the patient's own immune cells (T-cells) to express a receptor on their surface that recognizes structures (antigens) on the surface of malignant cells. Once the receptor binds to a tumor antigen, the T-cell is stimulated to attack the malignant cells.

**RNA therapy** is the use of shorter sequences of genetic material in RNA format to treat or prevent a disease. These therapies typically require repeat dosing to maintain a therapeutic effect since the DNA is not being enhanced or modified.

This policy does not guarantee coverage or clinical approval for Commercial or Medicare Advantage. The Plan's determination of coverage will be based on Centers for Medicare and Medicaid (CMS) coverage guidelines for commercial and Medicare Advantage claims.

## APPLICABLE CELLULAR & GENE THERAPY PRODUCTS AND RELATED HIGHMARK POLICIES:

| HCPCs | Product Name | Related Highmark Medical Policies | |
|---|---|---|---|
| | **Cellular Therapies: CAR-T** | **Commercial** | **Medicare Advantage** |
| Q2041<br>Q2042<br>Q2053<br>Q2054<br>Q2055<br>Q2056 | • Yescarta (axicabtagene ciloleucel)Abecma<br>• Kymriah (tisagenlecleucel)<br>• Tecartus (brexucabtagene autoleucel)<br>• Breyanzi (lisocabtagene maraleucel)<br>• Abecma (idecabtagene vicleucel)<br>• Carvykti (ciltacabtagene autoleucel) | • I-180: Chimeric Antigen Receptor T-Cell Therapy | • N-258: Chimeric Antigen Receptor T-Cell Therapy – NCD 110.24 |
| | **Other Cellular Therapies** | **Commercial** | **Medicare Advantage** |
| Q2043 | • Provenge (sipuleucel-T)** | • I-26: Autologous Cellular Immunotherapy for Prostate Cancer<br>• S-11: Pheresis Therapy | • I-106: sipuleucel-T (Provenge)<br>• N-256: Autologous Cellular Immunotherapy Treatment – NCD 110.22 |
| NOC<br><br>NOC<br><br><br>NOC | • Omisirge (omidubicel-onlv)<br><br>• Lantidra (donislecel)<br><br><br>• Amtagvi (Lifileucel) | • S-226: Placental/Umbilical Cord Blood as a Source of Stem Cells<br>• S-144: Islet Cell Transplantation<br>• I-283: Lifileucel (Amtagvi) | • N/A<br><br>• N/A<br><br><br>• I-295: Lifileucel (Amtagvi) |
| | **Gene Therapies** | **Commercial** | **Medicare Advantage** |
| J3398<br><br>J3399<br><br>J1411<br><br>J1412<br><br>J1413<br><br>NOC<br><br>NOC<br><br>NOC<br><br>NOC<br><br>NOC | • Luxturna (voretigene neparvovec-rzyl)<br><br>• Zolgensma (onasemnogene abeparvovec-xioi)<br><br>• Hemgenix (etranacogene dezaparvovec)<br><br>• Roctavian (valoctocogene roxaparvovec-rvox)<br><br>• Elevidys (delandistrogene moxeparvovec)<br><br>• Zynteglo (betibeglogene autotemcel)<br><br>• Skysona (elivaldogene autotemcel)<br><br>• Casgevy (exagamglogene autotemcel)<br><br>• Lyfgenia (lovotibeglogene autotemcel)<br><br>• Lenmeldy (atidarsagene autotemcel) | • I-183: Voretigene Neparvovec-rzyl (Luxturna)<br>• I-157: Treatment of Spinal Muscular Atrophy<br>• I-259: Entranacogene dezaparvovec (Hemgenix)<br>• I-271: Valoctocogene Roxaparvovec-rvox (Roctavian)<br>• I-269: Delandistrogene moxeparvovec (Elevidys)<br>• I-253: Betibeglogene autotemcel (Zynteglo)<br>• I-258: Elivaldogene autotemcel (Skysona)<br>• I-281: Exagamglogene autotemcel (Casgevy)<br>• I-282: Lovotibeglogene autotemcel (Lyfgenia)<br>• TBD | • I-183: Voretigene Neparvovec-rzyl (Luxturna)<br>• I-239: Treatment of Spinal Muscular Atrophy<br>• I-269: Entranacogene dezaparvovec (Hemgenix)<br>• I-280: Valoctocogene Roxaparvovec-rvox (Roctavian)<br>• N/A<br>• N/A<br>• N/A<br>• I-290: Exagamglogene autotemcel (Casgevy)<br>• I-291: Lovotibeglogene autotemcel (Lyfgenia)<br>• TBD |
| J9325<br><br>J9029<br><br>J3401 | • Imlygic (talimogene laherparepvec)**<br><br>• Adstiladrin (nadofaragene firadenovec)**<br><br>• Vyjuvek (beremeagene geperpavec-svdt)** | • I-147: Talimogene Laherparepvec (Imlygic)<br>• I-264: Nadofaragene firadenovec-vncg (Adstiladrin)<br>• G-49: Beremagene geperpavec-svdt (Vyjuvek) | • I-147: Talimogene Laherparepvec (Imlygic)<br>• I-274: Nadofaragene firadenovec-vncg (Adstiladrin)<br>• G-55: Beremagene geperpavec-svdt (Vyjuvek) |
| | **RNA Therapies** | **Commercial** | **Medicare Advantage** |
| J2326 | • Spinraza (nusinersen)** | • I-157: Treatment of Spinal Muscular Atrophy | • I-239: Treatment of Spinal Muscular Atrophy |

**May warrant multiple administrations based on recommended use, as outlined in the product prescribing information.

Place of service (inpatient/outpatient) may be variable based on patient-specific requirements, unique administration requirements, need for close monitoring, and specifications in treatment protocols by each qualified treatment center.

NOC (not otherwise classified) codes for unclassified biologic drugs consists of J3590 and C9399 (for hospital outpatient use only). When drugs with NOC or temporary codes are assigned a specific code, they will remain applicable to this Policy.

## REIMBURSEMENT GUIDELINES:

The scenarios outlined below are common examples that should be followed for all cell and gene therapies outlined in this policy, where applicable.

### Professional (1500)

Professional reimbursement pricing methodology will be documented for applicability at a future date only at this time.

Professional claims will be reimbursed at 100% of the CMS established professional rate. If no Medicare professional rate exists, then the drug(s) – referenced below – will pay at the wholesale acquisition cost (WAC), or invoice cost.

### Facility (UB)

Outpatient

All claims must include revenue codes created by National Uniform Billing Committee (NUBC) effective January 1, 2018, to capture CAR-T services and products. The 087X revenue code series must be included for services related to the therapy. Specifically, revenue codes 874 and 875 must be reported for the actual infusion or injection of the drug. The Plan is requiring revenue code 891 be used to report the actual drug. Value Code 90 with the invoice/acquisition cost needs to also be reported on any claim that reports revenue code 891. Revenue code 0892 - "Special Processed Drugs" - FDA Approved Gene Therapy. This mirrors the existing code 0891 for cell therapy products. This Revenue code is more appropriate to bill for gene therapies.

***Note:** When drugs with NOC or temporary codes are assigned a specific code, they will remain applicable to this Policy.

**Note**: Outpatient claims will be reimbursed at 100% of the CMS established APC rate. If no APC rate exists, then the drug(s) – referenced below – will pay at the Wholesale Acquisition cost (WAC), or invoice cost.

### Scenario 1: CAR-T Dosing and Preparation Services and Viable T-cells Administered in Hospital Outpatient Department ("HOPD") Setting:

When administering the CAR-T drug in the hospital outpatient setting, report CPT code 0540T for the administration and HCPCS Q-code Q2041 or Q2042 for the drug/biological. As discussed in the CY 2019 OPPS/ASC final rule (83 FR 58904), the procedures described by CPT codes 0537T (collection/handling), 0538T (preparation for transport), and 0539T (receipt and preparation) represent the various steps required to collect and prepare the genetically modified T-cells, and these steps are not paid separately under the OPPS.

Report the charges for these various steps to collect and prepare the CAR T-cells separately and Highmark will reject them on the outpatient claim, or they may be included in the charge reported for the biological.

**Note**: When including the charges for collection and preparation of the CAR T-cells in the charge for the CAR-T product, outpatient providers should code the CAR-T product service on the date that the CAR-T administration took place and not on the date when the cells were collected.

**Scenario 2: CAR-T Dosing and Preparation Services Administered in HOPD Setting, but Viable T-cells Not Administered:**

In instances when the CAR-T drug is not ultimately administered to the beneficiary, but the CAR-T preparation services are initiated or performed in the HOPD setting, the hospital may not report the drug Q-code (which only applies when the T-cells are administered in the HOPD setting). HOPDs may report CPT codes 0537T, 0538T, and 0539T (as appropriate) and the charges associated with each code under the appropriate revenue code on the HOPD claim. Highmark will reject these codes.

**Scenario 3: CAR-T Dosing and Preparation Services Administered in HOPD Setting, but Viable T-cells Administered in the Hospital Inpatient Setting:**

When CAR T-cell preparation services are initiated and furnished in the hospital outpatient setting, but the CAR T-cells are administered in the inpatient setting, the hospital may not report the drug Q-code (which only applies when the T-cells are administered in the HOPD setting). Report the charge associated with the various steps to collect and prepare the CAR T-cells on the inpatient claim (Type of Bill 11x) separately using revenue codes 0871, 0872, or 0873. Alternatively, the hospital may include the charges for these various steps in the charge reported for the biological using revenue code 0891 – Special Processed Drugs – FDA (U.S. Food and Drug Administration) Approved Cell Therapy – Charges for Modified cell therapy.

**Note**: When the cells are collected in the hospital outpatient setting and the CAR-T is administered in the hospital inpatient setting, inpatient providers should report the date that the CAR-T administration took place and not the date the cells were collected.

Inpatient

If the claim is billed as inpatient, the drug charge will not be included in the DRG cost outlier calculation. The drug will be reimbursed separately per the outpatient reimbursement guidelines outlined in this policy.

For facilities that bill for inpatient services, the drug payment will be included in their negotiated case rate.

***Note:** When drugs with NOC or temporary codes are assigned a specific code, they will remain applicable to this Policy.

**MODIFIERS:**

Modifier LU: Fractionated payment of CAR-T-Therapy

The Plan does not reimburse fractionate amounts for CAR-T therapy services. Providers should not report this modifier or bill fractionated CAR-T services on claims.

**REFERENCES:**


- National Uniform Billing Committee, UB-04 Data Specifications Manual 2024
  National Uniform Billing Committee | NUBC

- MLN Matters, SE19009, Chimeric Antigen Receptor (CAR) T-Cell Therapy Revenue Code and HCPCS Setup Revisions
  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE19009.pdf

- MLN Matters, SE19024, Billing Instructions for Beneficiaries Enrolled in Medicare Advantage (MA) Plans for Services Covered by Decision Memo CAG-00451N
  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19024.pdf


**POLICY UPDATE HISTORY INFORMATION:**

| | |
|---|---|
| 10 / 2019 | Implementation |
| 1 / 2020 | Added Medicare Statement, removed medical policy I-180, ref MLN article, ref. N-XXX-001 |
| 5 / 2020 | Updated Inpatient guidelines for CPT codes Q2042 and Q2041 |
| 11 / 2020 | Added new Revenue code under the Outpatient Section. Also added a new drug Tecartus |
| 1 / 2021 | Removed Medicare Statement, Added Code C9073 for Tercartus |
| 7 / 2021 | Added C9076 and C9399. Added new policy header with expanded regional checkboxes |
| 10 / 2021 | Added Q2054 in place of C9076, Q2053 in place of C9073, C9081 in place of C9399 |
| 1 / 2022 | Replaced C9081 with new code Q2055 for the same drug |
| 4 / 2022 | Removed I-206 Onasemnogene Abeparvovec (Zolgensma) |
| 5 / 2022 | Removed Value Code 86 replaced with Value Code 90 under Outpatient Section |
| 7 / 2022 | Added code C9098 |
| 10 / 2022 | Replaced C9098 with new code Q2056 for the same drug |
| 1 / 2023 | Added direction for modifier LU |
| 8 / 2024 | Added novel therapies, HCPCs codes, and updated corresponding medical policies. Administrative changes were also made for clarity and alignment with current contracts. |

# Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

| | | | |
|---|---|---|---|
| **Bulletin Number:** | RP-053 | | |
| **Subject:** | Gene and Cellular Therapy (CAR-T) | | |
| **Effective Date:** | October 1, 2019 | **End Date:** | |
| **Issue Date:** | January 9, 2023 | **Revised Date:** | January 2023 |
| **Date Reviewed:** | December 2022 | | |
| **Source:** | Reimbursement Policy | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Applicable Commercial Market** | **PA** | ☒ | **WV** | ☒ | **DE** | ☒ | **NY** | ☒ |
| **Applicable Medicare Advantage Market** | **PA** | ☒ | **WV** | ☒ | **DE** | ☒ | **NY** | ☒ |
| **Applicable Claim Type** | **UB** | ☒ | **1500** | ☒ | | | | |

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.



## PURPOSE:

This policy is designed to provide direction on how the Gene & Cellular Therapy drugs specified on this policy are reimbursed by the Plan when eligible. Gene therapy is an evolving technique that uses genes to treat or prevent disease. Gene therapy targets the cause of disease by delivering a fully functioning copy of the gene into motor neuron cells. Cellular/Chimeric Antigen Receptor (CAR) T-cell Therapy is a process where the patient's T Cells are genetically modified in the laboratory to attack cancer cells. This type of immunotherapy uses a patient's own T Cells to locate and kill cancer cells.

This policy does not guarantee coverage or clinical approval for Commercial or Medicare Advantage. The Plan's determination of coverage will be based on CMS coverage guidelines for commercial and Medicare Advantage claims.

## REIMBURSEMENT GUIDELINES:

Professional reimbursement pricing methodology is documented for applicability at a future date only at this time.

### Professional (1500):

Professional claims will be reimbursed at 100% of the CMS established professional rate. If no Medicare professional rate exists, then the drug(s) – referenced below – will pay at the wholesale acquisition cost (WAC).

**Facility (UB):**

Outpatient

All claims must include revenue codes created by National Uniform Billing Committee (NUBC) effective January 1, 2018, to capture CAR-T services and products. The 087X revenue code series must be included for services related to the therapy. Specifically, revenue codes 874 and 875 must be reported for the actual infusion or injection of the drug. Highmark is requiring revenue code 891 be used to report the actual drug. Value Code 90 with the invoice/acquisition cost needs to also be reported on any claim that reports revenue code 891. Revenue code 0892 - "Special Processed Drugs" - FDA Approved Gene Therapy. This mirrors the existing code 0891 for cell therapy products. The FDA also approved a new gene therapy (Zolgensma for pediatric patients with spinal muscular atrophy – SMA). This new Revenue code is more appropriate to bill for gene therapies.

Applicable Codes:

| | |
|---|---|
| Q2042* – Kymriah | J3399 – Zolgensma |
| Q2041* – Yescarta | Q2053 – Brexucabtagene Autoleucel (Tecartus) |
| J2326 – Spinraza | Q2054 – Lisocabtagene Maraleucel (Breyanzi) |
| J3398 – Luxturna | Q2055 – Idecabtagene Vicleucel (Abecma) |
| | Q2056 – Ciltacabtagene Autoleucel |

***Note:** When drugs with NOC or temporary codes are assigned a specific code, they will remain applicable to this Policy.

**Note**: Outpatient claims will be reimbursed at 100% of the CMS established APC rate. If no APC rate exists, then the drug(s) – referenced below – will pay at the Wholesale Acquisition cost (WAC).

**Scenario 1: CAR-T Dosing and Preparation Services and Viable T-cells Administered in Hospital Outpatient Department ("HOPD") Setting:**

When administering the CAR-T drug in the hospital outpatient setting, report CPT code 0540T for the administration and HCPCS Q-code Q2041 or Q2042 for the drug/biological. As discussed in the CY 2019 OPPS/ASC final rule (83 FR 58904), the procedures described by CPT codes 0537T (collection/handling), 0538T (preparation for transport), and 0539T (receipt and preparation) represent the various steps required to collect and prepare the genetically modified T-cells, and these steps are not paid separately under the OPPS.

Report the charges for these various steps to collect and prepare the CAR T-cells separately and Highmark will reject them on the outpatient claim, or they may be included in the charge reported for the biological.

**Note**: When including the charges for collection and preparation of the CAR T-cells in the charge for the CAR-T product, outpatient providers should code the CAR-T product service on the date that the CAR-T administration took place and not on the date when the cells were collected.

**Scenario 2: CAR-T Dosing and Preparation Services Administered in HOPD Setting, but Viable T-cells Not Administered:**

In instances when the CAR-T drug is not ultimately administered to the beneficiary, but the CAR-T preparation services are initiated or performed in the HOPD setting, the hospital may not report the drug Q-code (which only applies when the T-cells are administered in the HOPD setting). HOPDs may report CPT codes 0537T, 0538T, and 0539T (as appropriate) and the charges associated with each code under the appropriate revenue code on the HOPD claim. Highmark will reject these codes.

**Scenario 3: CAR-T Dosing and Preparation Services Administered in HOPD Setting, but Viable T-cells Administered in the Hospital Inpatient Setting:**

When CAR T-cell preparation services are initiated and furnished in the hospital outpatient setting, but the CAR T-cells are administered in the inpatient setting, the hospital may not report the drug Q-code (which only applies when the T-cells are administered in the HOPD setting). Report the charge associated with the various steps to collect and prepare the CAR T-cells on the inpatient claim (Type of Bill 11x) separately using revenue codes 0871, 0872, or 0873. Alternatively, the hospital may include the charges for these various steps in the charge reported for the biological using revenue code 0891 – Special Processed Drugs – FDA (U.S. Food and Drug Administration) Approved Cell Therapy – Charges for Modified cell therapy.

**Note**: When the cells are collected in the hospital outpatient setting and the CAR-T is administered in the hospital inpatient setting, inpatient providers should report the date that the CAR-T administration took place and not the date the cells were collected.



Inpatient

If the claim is billed as inpatient, the drug charge will not be included in the DRG cost outlier calculation. The drug will be reimbursed separately per the outpatient reimbursement guidelines outlined in this policy.

Applicable codes:

| | |
|---|---|
| J2326 – Spinraza | Q2053 - Brexucabtagene Autoleucel (Tecartus). |
| J3398 – Luxturna | Q2054 - Lisocabtagene Maraleucel (Breyanzi) |
| J3399 – Zolgensma | Q2055 - Idecabtagene Vicleucel (Abecma) |
| | Q2056 – Ciltacabtagene Autoleucel |

Facilities that bill for inpatient services for the following drug payment will be included in their negotiated case rate.

Applicable codes:

| | |
|---|---|
| Q2042* – Kymriah | Q2054 - Lisocabtagene Maraleucel (Breyanzi) |
| Q2041* – Yescarta | Q2055 - Idecabtagene Vicleucel (Abecma) |
| | Q2056 – Ciltacabtagene Autoleucel |

***Note:** When drugs with NOC or temporary codes are assigned a specific code, they will remain applicable to this Policy.

**MODIFIERS:**

Modifier LU: Fractionated payment of CAR-T-Therapy

The Plan does not reimburse fractionate amounts for CAR-T therapy services. Providers should not report this modifier or bill fractionated CAR-T services on claims.

**RELATED HIGHMARK POLICIES:**

Refer to the following Commercial Medical Policies for additional information:

- I-157: Treatment of Spinal Muscular Atrophy
- I-183: Voretigene Neparvovec-rzyl (Luxturna)

Refer to the following Medicare Advantage Medical Policies for additional information:

- I-180: Chimeric Antigen Receptor T-Cell Therapy
- I-157: Treatment of Spinal Muscular Atrophy
- I-183: Voretigene Neparvovec-rzyl (Luxturna)



**REFERENCES:**

This policy has been developed through consideration of the following:


- National Uniform Billing Committee, UB-04 Data Specifications Manual 2022 National Uniform Billing Committee | NUBC
- MLN Matters, SE19009, Chimeric Antigen Receptor (CAR) T-Cell Therapy Revenue Code and HCPCS Setup Revisions https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE19009.pdf
- MLN Matters, SE19024, Billing Instructions for Beneficiaries Enrolled in Medicare Advantage (MA) Plans for Services Covered by Decision Memo CAG-00451N https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19024.pdf


**POLICY UPDATE HISTORY INFORMATION:**

| | |
|---|---|
| 10 / 2019 | Implementation |
| 1 / 2020 | Added Medicare Statement, removed medical policy I-180, ref MLN article, ref. N-XXX-001 |
| 5 / 2020 | Updated Inpatient guidelines for CPT codes Q2042 and Q2041 |
| 11 / 2020 | Added new Revenue code under the Outpatient Section. Also added a new drug Tecartus |
| 1 / 2021 | Removed Medicare Statement, Added Code C9073 for Tercartus |
| 7 / 2021 | Added C9076 and C9399. Added new policy header with expanded regional checkboxes |
| 10 / 2021 | Added Q2054 in place of C9076, Q2053 in place of C9073, C9081 in place of C9399 |

| | |
|---|---|
| 1 / 2022 | Replaced C9081 with new code Q2055 for the same drug |
| 4 / 2022 | Removed I-206 Onasemnogene Abeparvovec (Zolgensma) |
| 5 / 2022 | Removed Value Code 86 replaced with Value Code 90 under Outpatient Section |
| 7 / 2022 | Added code C9098 |
| 10 / 2022 | Replaced C9098 with new code Q2056 for the same drug |
| 1 / 2023 | Added direction for modifier LU |