

Cell and Gene Therapy (CGT) Access Model

Reference: Texas Medicaid Provider Procedures Manual (TMPPM), Outpatient Drug Services Handbook, Section 6.116 "Sickle Cell Disease Gene Therapy"; Section 7 "Separate Reimbursement of Certain Inpatient HCCADs"; and Subsection 9.2 "HCCADs Claims Processing Requirements."

Separate Reimbursement of Certain Inpatient HCCADs

Cell and Gene Therapy reimbursement for Casgevy (HCPCS code J3392) and Lyfgenia (HCPCS code J3394) is included in HHSC approved high-cost clinician-administered drugs (HCCADs). Inpatient high-cost clinician-administered drugs (HCCADs) are drugs or biologics that HHSC has approved to be "carved out" of the All-Patient Refined Diagnosis Related Group (APR-DRG). They can be reimbursed on separate outpatient claims rather than being bundled into the hospital's DRG payment. The use of specialty pharmacy billing for the HCCAD may be utilized if available for the drug.

Reimbursement is limited to the lesser of the Texas Medicaid fee-for-service rate, or the actual acquisition cost, as documented by an invoice.

Billing Requirements

For Casgevy and Lyfgenia HCCADs to be reimbursed, hospitals must bill alone on an outpatient claim (separate from all other hospital services during the same visit).

1. Submit a separate outpatient claim (UB04) for Casgevy or Lyfgenia. If HCCAD is billed on an inpatient claim, the claim will be denied.
2. Use the date of drug administration as the date of service.
3. Include:
 - a. NDC Qualifier N4
 - b. Appropriate 11-digit National Drug Code (NDC) and corresponding HCPCS code
 - c. Number of units administered
 - d. NDC unit of measurement (F2, GR, ML, UN, or ME)

Monitoring

All claims for Casgevy and Lyfgenia require prior authorization. 100% of claims are manually reviewed for appropriate benefit administration and pricing.