



EMBARC BENEFIT PROTECTION[®]

GENE THERAPY BILLING GUIDELINES EFFECTIVE JANUARY 1, 2026



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What's included in an Embarc Gene Therapy Prior Authorization?

Approved requests will include all the services included in the Episode of Care (EOC), however, approval letters will only include the Gene Therapy HCPCS code and any associated inpatient stay. Each Gene Therapy has a unique Episode of Care based on the manufacturer's billing & coding guidelines.

For Gene Therapies that require an inpatient stay, approvals will automatically include a Standard Goal Length of Stay (GLOS) inclusive of all days that are typically required for each phase of the patient's gene therapy journey. The goal of doing so is to reduce provider burden and reduce potential for delays in patient care. If additional inpatient days are required, the assigned Embarc Nurse Case Manager will initiate and perform a continued stay review.

HCPCS Code	Drug Name	Place of Service (POS)	Inpatient Days	Approval Duration
J3398	Luxturna®	Outpatient	N/A	30 calendar days
J3399	Zolgensma®	Outpatient/Inpatient	1	90 calendar days
J3393	Zynteglo®	Inpatient	42	365 calendar days
J3387	Skysona®	Inpatient	56	180 calendar days
J1411	Hemgenix®	Outpatient	N/A	180 calendar days
J1412	Roctavian®	Outpatient	N/A	180 calendar days
J3392	Lyfgenia™	Inpatient	42	365 calendar days
J3394	Casgevy™	Inpatient	42	365 calendar days
J3391	Lenmeldy™	Inpatient	84	365 calendar days
C9399/J3590	Kebilidi™	Inpatient	5	180 calendar days



Gene Therapy Coding Guidelines

All services performed within the Episode of Care (EOC) must be performed after an Approved prior authorization from EviCore is issued and within the authorized timeframe with exception to diagnostic services following administration. Those diagnostics are limited to (90) calendar days from the date of administration and may fall outside of the authorized timeframe. All codes billed as part of the Episode of Care (EOC) will be priced utilizing Open Access Plus network rates, while the Embarc Gene Therapy rates, or any applicable Single-Case Agreement (SCA), will apply for the pricing of Gene Therapy claims.

Please note the following:

Manufacturer billing & coding guidelines are not meant to be all-inclusive but are meant to be used in conjunction with the other coding resources and AMA Current Procedural Terminology (CPT) code book. The individual section(s) of the guidelines lists standard groups of codes that may be reimbursed for specific clinical cases as determined to be medically necessary and/or appropriate by EviCore. The presence of a code in a group does not guarantee approval of a claim for that code. Approval is based on clinically appropriate use of the code.

Gene Therapy Name	Condition(s)	Manufacturer Guidelines
Luxturna®	Biallelic RPE65 mutation associated Retinal dystrophy	Luxturna Reimbursement Guide
Zolgensma®	Spinal Muscular Atrophy (SMA)	Zolgensma HCP Coding & Billing Guide
Zynteglo®	Beta-thalassemia	Zynteglo Billing and Coding Guide
Skysona®	Cerebral Adrenoleukodystrophy (CALD)	Skysona Billing and Coding Guide
Hemgenix®	Hemophilia B	Hemgenix Billing & Coding Guide
Roctavian®	Hemophilia A	Roctavian Reimbursement Guide
Lyfgenia™	Sickle Cell Disease	Lyfgenia Billing and Coding Guide
Casgevy™	Sickle Cell Disease Beta-thalassemia	Casgevy Billing and Coding Guide
Lenmeldy™	Metachromatic Leukodystrophy (MLD)	Lenmeldy Billing and Coding Guide
Kebilidi™ *	Aromatic L-amino acid decarboxylase (AADC) deficiency	Kebilidi Prescribing & Administration Information
<p><i>* Please note that no manufacturer coding & billing guidelines are currently available. If made publicly available, this document will be updated to include.</i></p>		



Claims Submission

For Embarc Benefit Protection claims, providers are not required to provide supporting Clinical Documentation. At this time all claims should be submitted electronically to the Payer ID listed below. Please refer to the below table of EDI vendors that can be used to submit claims for Embarc Benefit Protection.

- **EDI Payer ID:** 62350

Electronic Data Integration (EDI) Vendors

Medical EDI Vendors	Phone	Claim (837) & Remittance (835)
Athena Health	1 (800) 981-5084	X
Availity Gateway Services	1 (800) 282-4548	X
Change Healthcare	1 (800) 956-5190	X
Experian Health, Inc.	1 (888) 661-5657	X
Office Ally	1 (360) 975-7000	X
PNT Data	1 (860) 257-2030	X
SSI Group	1 (800) 881-2739	X
Trizetto Provider Solutions EDI Gateway	1 (800) 969-3666	X
Waystar Health	1 (844) 692-9782	X

Questions?

For questions or concerns please contact Embarc Case Management at 855-244-0082 press 1, then option 4 or feel free to send questions via email to Embarc@evicore.com.