



# EMBARC BENEFIT PROTECTION®

## GENE THERAPY CODE GUIDELINES EFFECTIVE JANUARY 1, 2026

**Please note the following:**

The 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.

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. However, Testing/monitoring services following administration is 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.

Gene Therapy Name	Condition(s)	Manufacturer Guidelines
Luxturna®	Biallelic RPE65 mutation associated Retinal dystrophy	<a href="#">Luxturna Reimbursement Guide</a>
Zolgensma®	Spinal Muscular Atrophy (SMA)	<a href="#">Zolgensma HCP Coding &amp; Billing Guide</a>
Zynteglo®	Beta-thalassemia	<a href="#">Zynteglo Billing and Coding Guide</a>
Skysona®	Cerebral Adrenoleukodystrophy (CALD)	<a href="#">Skysona Billing and Coding Guide</a>
Hemgenix®	Hemophilia B	<a href="#">Hemgenix Billing &amp; Coding Guide</a>
Roctavian®	Hemophilia A	<a href="#">Roctavian Reimbursement Guide</a>
Lyfgenia™	Sickle Cell Disease	<a href="#">Lyfgenia Billing and Coding Guide</a>
Casgevy™	Sickle Cell Disease Beta-thalassemia	<a href="#">Casgevy Billing and Coding Guide</a>
Lenmeldy™	Metachromatic Leukodystrophy (MLD)	<a href="#">Lenmeldy Billing and Coding Guide</a>
Kebilidi™ *	Aromatic L-amino acid decarboxylase (AADC) deficiency	<a href="#">Kebilidi Prescribing &amp; Administration Information</a>

*\*Please note that no manufacturer coding & billing guidelines are currently available. If made publicly available, this document will be updated to include.*