

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director and Medicaid Director

Transmittal 25-13

TO: DC Medicaid Providers

FROM: Melisa Byrd *M.B.*
Senior Deputy Director and Medicaid Director

DATE: April 29, 2025

SUBJECT: **Outpatient Reimbursement for Physician Administered Cell and Gene Therapy**

Purpose

The purpose of this transmittal is to notify all DC Medicaid providers that the Department of Health Care Finance (DHCF) Fee-for-Service (FFS) Medicaid program will cover outpatient cell and gene therapy medications for all DC Medicaid beneficiaries, except those enrolled in the Alliance program. Outpatient cell and gene therapy medication coverage will be reimbursed according to [Transmittal 23-08](#).

Details

The cell and gene therapy medication class is indicated for patients who require modification or replacement of cells or genes to treat or potentially cure diseases such as genetic disorders, cancers, and other conditions. DHCF's FFS program will provide coverage for the outpatient cell and gene therapy medications listed below:

Therapy	Generic Name
1. Roctavian®	Valoctocogene roxaparvovec
2. Hemgenix®	Etranacogene dezaparvovec
3. Beqvez®	Fidanacogene elaparvovec-dzkt
4. Zynteglo®	Betibeglogene autotemcel; beti-cel
5. Elevidys®	Delandistrogene moxeparvovec
6. Zolgensma®	Onasemnogene abeparvovec

Providers should use appropriate procedure codes, Current Procedural Terminology (CPT) codes or Healthcare Common Procedure Coding System (HCPCS) codes, based on coding guidelines and services provided. If procedure codes (CPT or HCPCS) are unavailable, use of unclassified HCPCS codes for newly approved cell and gene therapies is allowable until a specific code has been assigned to the product.

All claims for the medications listed above, classified under CGT therapies must be submitted to DHCF) FFS for reimbursement. This excludes claims for DC Alliance enrollees.

Cell and gene therapy reimbursements outlined in this transmittal are specific to medication treatment only, reimbursed by DHCF. DC Medicaid Managed Care Plans (MCPs) are still responsible for patient care affiliated with these therapies. This list is subject to change as new cell and gene therapies become available.

Provider Billing

Please refer to DHCF [Transmittal #23-08](#).

Provider Reimbursement

Cell and gene therapy medication claim lines will be carved out of the Outpatient Enhanced Ambulatory Patient Grouping (EAPG) payment methodology and will map to EAPG 994, which has an assigned weight of 0.000000. Providers should bill outpatient cell and gene therapy medication claim lines for FFS beneficiaries or MCP beneficiaries to DHCF separately for reimbursement. Providers must submit accurate HCPCS codes and National Drug Codes (NDCs).

The remaining outpatient claim lines should continue to be billed to the appropriate parties - DHCF for FFS beneficiaries and the applicable MCP for enrolled beneficiaries. Payment for these services will be grouped based on the remaining service lines and will continue to be reimbursed according to the assigned service weights under the EAPG system. **Prior Authorization**

DHCF has established clinical criteria for the cell and gene therapy class, and all therapies currently require prior authorization (PA). The PA requests are reviewed by Comagine Health.

Policy Effective Date

This policy is effective beginning October 1, 2024.

Contact

If you have questions regarding the coverage of cell and gene therapy medications, please contact:

- Tayiana Reed, PharmD, RPh, Pharmacist, CPAPS, OCMD, DHCF at Tayiana.reed1@dc.gov or (202) 478-1415;
- Charlene Fairfax, RPh, Senior Pharmacist, Division of Clinicians, Pharmacy, and Acute Provider Services (CPAPS), Office of the Chief Medical Officer (OCMO), Department of Health Care Finance (DHCF) at Charlene.fairfax@dc.gov or (202) 442-9076;
- Gidey Amare, PharmD, RPh, Pharmacist, CPAPS, OCMD, DHCF at gidey.amare@dc.gov or (202) 442-5952.

If you have questions regarding the managed care plans' coverage of procedures related to cell and gene therapy, please contact:

- AmeriHealth Caritas DC Provider Services: 202-408-2237 or 1-888-656-2383;
- Amerigroup DC Provider Services: 1-800-454-3730;
- Health Services for Children with Special Needs (HSCSN) Provider Services: 202-467-2737;
- MedStar Family Choice DC Provider Services: 1-855-798-4244.

Thank you for your cooperation. We appreciate the professional care and service that you provide to all District of Columbia FFS Medicaid beneficiaries.

Cc: DC Behavioral Health Association
DC Coalition of Disability Service Providers
DC Health Care Association
DC Home Health Association
DC Hospital Association
DC Primary Care Association
Medical Society of the District of Columbia