

Billing guidance for Sickle Cell Disease (SCD) gene therapies

The New Jersey Department of Human Services (DHS) has developed billing guidance for Sickle Cell Disease (SCD) gene therapies effective Jan. 1, 2026.

Applicable drugs

Casgevy®: J3392 - Injection, exagamglogene autotemcel, per treatment

Lyfgenia™: J3394 - Injection, lovotibeglogene autotemcel, per treatment

Provider requirements

Payment for SCD gene therapies is applicable only to providers who:

- are members of the Center for International Blood and Marrow Transplant Research (CIBMTR) patient registry; and
- participate in the study related to SCD gene therapies

Billing codes for drug administration, cell collection and conditioning

Providers should utilize appropriate billing codes for associated services. Manufacturer billing guidelines may be referred to for applicable codes:

- [Casgevy Billing and Coding Guide](#)
- [Lyfgenia Billing and Coding Guide](#)

Reporting

UnitedHealthcare Community Plan will send all prior authorization requests and claim details for SCD gene therapy to the NJ DHS Pharmacy Unit within 14 calendar days of the authorization request, claim receipt or payment date.

Claim submission

- Drug cost of SCD gene therapy must be excluded from any facility or institutional claim and may not be submitted as part of a bundled payment such as a diagnosis related group (DRG) or ambulatory payment classification (APC)
- A separate professional claim must be submitted for direct reimbursement of the drug's ingredient cost, either electronically through an 837P transaction or on a CMS 1500 form
- The Charges field on the professional claim must be equal to the acquisition cost on the corresponding purchase invoice
- Supplier invoice demonstrating the actual acquisition cost must be submitted with the professional claim
- SCD gene therapies cannot be bought at 340B pricing or dispensed from 340B stock
- Claims must include the national drug code (NDC), associated HCPCS code, the unit of measure and the number of units of the drug administered
- Claims should adhere to standards and guidance outlined by the Medicaid managed care plan or the State, including Newsletter Volume 19, Number 18 dated May 19, 2009, available on njmmis.com under Newsletters & Alerts
- If drug costs are billed through a pharmacy point-of-sale claim, any professional claim for those same costs will be treated as duplicate and won't be reimbursed