

_	ICD-10		HCPCS		СРТ	
Therapy	Code	ICD-10 Descriptions	Code	HCPCS Descriptions	Code	CPT Description
Luxturna	H35.50	Unspecified hereditary retinal dystrophy Other indexing guidance for H35.50: Leber's congenital amaurosis Best's disease	J3398	Injection, Luxturna (voretigene neparvovec-rzyl), 1 billion vector	67036	Vitrectomy, mechanical, pars plana approach
Luxtuilld	H35.52 H35.54	Pigmentary retinal dystrophy Retinitis pigmentosa  Dystrophies primarily involving the retinal pigment epitheliu	, ১৩৩খণ্ড	genomes	67299	Unlisted procedure, posterior segment
	G12.0	Infantile spinal muscular atrophy, type 1			96365	IV infusion, for therapy, prophylaxis, or diagnosis; initial, up to one
Zolgensma	G12.1	Other inherited spinal muscular atrophy		Injection, Zolgensma (onasemnogene abeparvovec-xioi), per treatment up to 5×1015 vector genomes	99218- 99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision-making that is straightforward or of low complexity,
	G12.25 G12.8	Progressive spinal muscular atrophy  Other spinal muscular atrophies and related syndromes			99234-	moderate complexity, or high complexity  Observation care admission and discharge services for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: detailed or
	G12.9	Spinal muscular atrophy, unspecified			99236	comprehensive history, a detailed or comprehensive examination, and medical decision-making that is straightforward or of low complexity, moderate complexity, or high complexity
Spinraza	G12.0 G12.1 G12.25	Infantile spinal muscular atrophy, type 1 Other inherited spinal muscular atrophy Progressive spinal muscular atrophy	J2326	INJECTION, NUSINERSEN, 0.1 MG	96450	Chemotherapy administration, into central nervous system (CNS) (e.g. intrathecal), requiring spinal puncture
	G12.8 G12.9 D56	Other spinal muscular atrophies and related syndromes  Spinal muscular atrophy, unspecified  Thalassemia	J3490	Unclassified drugs	00440	Chemotherapy administration, intravenous infusion technique; up to 1
Zynteglo	D56.1 D56.2 D56.3	Beta Thalassemia  Delta-beta Thalassemia  Thalassemia minor	J3590	Unclassified biologics	96413	hour, single or initial substance/drug
	D56.4 D56.5 D56.8	Hereditary persistence of fetal hemoglobin (HPFH)  Hemoglobin E-beta thalassemia  Other thalassemia  Thalassemia, unspecified	J3393	Injection, betibeglogene autotemcel, per treatment (Eff. 7/1/2024)	96415	Chemotherapy administration, intravenous infusion technique; each additional hour
	E71.52	X-linked adrenoleukodystrophy	J3490	Unclassified drugs	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
Skysona	E71.520	Childhood cerebral X-linked adrenoleukodystrophy				
	E71.521 E71.522	Adolescent X-linked adrenoleukodystrophy  Adrenomyeloneuropathy	J3590	Unclassified biologics	96415	Chemotherapy administration, intravenous infusion technique; each additional hour
	E71.528 E71.529	Other X-linked adrenoleukodystrophy  X-linked adrenoleukodystrophy, unspecified type				
Hemgenix	D67	Hereditary factor IX deficiency Other coagulation defects	J1411	Injection, etranacogene dezaparvovec- drlb, per therapeutic dose	96365	Infusion first hour 96366 Infusion each additional hour
	200	Other coagulation defects	C9399	Unclassified drugs or biologicals	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
Roctavian	D66	Hereditary factor VIII deficiency	E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour  Initial hospital inpatient or observation care, per day, for the evaluation
			J3490	Unclassified drugs	99221	and management of a patient, which requires a medically appropriate history and/ or examination and straightforward or lowlevel medical decision-making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.  Initial hospital inpatient or observation care, per day, for the evaluation
			13590	Unclassified biological	99222	and management of a patient, which requires a medically appropriate history and/ or examination and moderate level of medical decision-making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
					99223	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.
					99234	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decisionmaking. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
Lyfgenia	D57 D57.0-D57.09	Sickle-cell disorders  Hb-SS disease with crisis	C9399 J3490	Unclassified drugs or biologicals Unclassified drugs	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
	D57.1	Sickle-cell disease without crisis	J3590	Unclassified biologics		nour, single or initial substance/drug
	D57.2-D57.219 D57.3 D57.4-D57.459 D57.8-D57.819	Sickle-cell/Hb-C disease Sickle-cell trait Sickle-cell thalassemia Other sickle-cell disorders	J3394	Injection, lovotibeglogene autotemcel, per treatment (Eff. 7/1/2024)	96415	Chemotherapy administration, intravenous infusion technique; each additional hour
Casgevy	D57	Sickle-cell disorders	C9399	Unclassified drugs or biologicals		Hematopoietic progenitor cell (HPC); autologous transplantation (Casgevy)
	D57.0-D57.09 D57.1	Hb-SS disease with crisis Sickle-cell disease without crisis	J3490 J3590	Unclassified drugs  Unclassified biologics	38241	
	D57.2-D57.219 D57.3	Sickle-cell/Hb-C disease Sickle-cell trait				
	D57.4-D57.459	Sickle-cell thalassemia				
	D57.8-D57.819	Other sickle-cell disorders	C9399	Unclassified drugs or biologicals		
Elevidys	G71.01	Duchenne or Becker muscular dystrophy	J3490	Unclassified drugs	TBD	
Lenmeldy	E75.25	Metachromatic leukodystrophy	J3590 J3590	Unclassified biologics Unclassified biologics		
	C90.00	Multiple Myeloma and malignant plasma cell neoplasms  Multiple Myeloma not having achieved remission		Carvykti (Ciltacabtagene autoleucel), up to 100 million autologous b-cell		
Carvykti*	C90.01	Multiple myeloma in remission	Q2056	maturation antigen (BCMA) directed car-positive t cells, including leukapheresis and dose preparation	0540T	Infusion of modified cells
	C90.02 C90.0	Multiple myeloma in relapse  Multiple Myeloma and malignant plasma cell neoplasms		procedures, per therapeutic dose.  Abecma (idecabtagene vicleucel),		
Abecma*	C90.00 C90.01	Multiple Myeloma not having achieved remission  Multiple myeloma in remission	Q2055	up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including	0540T	Infusion of modified cells
	C90.02	Multiple myeloma in relapse	1055	leukapheresis and dose preparation procedures, per therapeutic dose.		
Rethymic*	D82.1 D82.8	Di George's Syndrome  Immunodeficiency associated with other specified	J3590 C9399	Unclassified biologics  Unclassified drugs or biologicals		
Kebilidi	D82.8 E70.81	major defects  Aromatic L-amino acid decarboxylase deficiency	J3590	Unclassified biologics	TBD	
Zevaskyn	XHR0XGA	Replacement of Head and Neck Skin with Prademagene Zamikeracel, Genetically Engineered Autologous Cell Therapy, External Approach, New Technology Group 10	C9399	Unclassified drugs or biologicals		Unlisted special dermatological service or procedure
	XHR1XGA	Replacement of Chest Skin with Prademagene Zamikeracel, Genetically Engineered Autologous Cell Therapy, External Approach, New Technology Group 10 Replacement of Abdomen Skin with Prademagene				
	XHR2XGA	Zamikeracel, Genetically Engineered Autologous Cell Therapy, External Approach, New Technology Group 10			96999	
	XHR3XGA	Replacement of Back Skin with Prademagene Zamikeracel, Genetically Engineered Autologous Cell Therapy, External Approach, New Technology Group 10 Replacement of Right Upper Externity Skin with		Unclassified drugs  Unclassified biologics		
	XHR4XGA	Prademagene Zamikeracel, Genetically Engineered Autologous Cell Therapy, External Approach, New Technology Group 10  Replacement of Left Upper Extremity Skin with Prademagene Zamikeracel, Genetically Engineered				
	XHR5XGA	Autologous Cell Therapy, External Approach, New Technology Group 10  Replacement of Right Lower Extremity Skin with Prademagene Zamikeracel, Genetically Engineered				
	XHR6XGA XHR7XGA	Autologous Cell Therapy, External Approach, New Technology Group 10  Replacement of Left Lower Extremity Skin with Prademagene Zamikeracel, Genetically Engineered				
		Autologous Cell Therapy, External Approach, New Technology Group 10				
	C38.0-C38.8 C48.1-C48.8	Malignant neoplasm of heart, mediastinum and pleura  Malignant neoplasm of retroperitoneum and	C9399 J3490	Unclassified drugs or biologicals Unclassified drugs	38999 96413	Unlisted procedure, hemic or lymphatic system  Chemotherapy administration, intravenous infusion technique; up to 1
Tecelra	C49.0-C49.9	peritoneum  Malignant neoplasm of connective and soft tissue	J3590 J9999	Unclassified biologics  Not otherwise classified, antineoplastic	96415	hour, single or initial substance/drug  Chemotherapy administration, intravenous infusion technique; each
Encelto	C49.0-C49.9 TBD	manghant neopiasin of connective and soft tissue	J9999 TBD	not otherwise classified, affilineoplastic	96415 TBD	additional hour

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