AMWINS GROUP BENEFITS

GB GTS Codes

Program Option	Therapy	ICD-10 Code	ICD-10 Descriptions	HCPCS Code	HCPCS Descriptions	CPT Code	CPT Description
GTS-5	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 genomes	67036 67299	Vitrectomy, mechanical, pars plana approach Unlisted procedure, posterior segment
		H35.52	Pigmentary retinal dystrophy Retinitis pigmentosa				
		H35.54	Dystrophies primarily involving the retinal pigment epitheliu				
	Zolgensma	G12.0	Infantile spinal muscular atrophy, type 1	J3399	Injection, Zolgensma (onasemnogene abeparvovec-xioi), per treatment up to 5×1015 vector genomes	96365	IV infusion, for therapy, prophylaxis, or diagnosis; initial, up to one
		G12.1	Other inherited spinal muscular atrophy			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, moderate complexity, or high complexity
		G12.25	Progressive spinal muscular atrophy			99234-99236	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 comprehensive history, a detailed or comprehensive examination, and medical decision-making that is straightforward or of low complexity, moderate complexity, or high complexity
		G12.8	Other spinal muscular atrophies and related syndromes				
		G12.9	Spinal muscular atrophy, unspecified				
	Spinraza	G12.0	Infantile spinal muscular atrophy, type 1	J2326	INJECTION, NUSINERSEN, 0.1 MG	96450	Chemotherapy administration, into central nervous system (CNS) (e.g. intrathecal), requiring spinal puncture
		G12.1	Other inherited spinal muscular atrophy				
		G12.25	Progressive spinal muscular atrophy				
		G12.8	Other spinal muscular atrophies and related syndromes				
		G12.9	Spinal muscular atrophy, unspecified				
	Zynteglo	D56	Thalassemia	J3490	Unclassified drugs	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
		D56.1	Beta Thalassemia	J3590	Unclassified biologics		
		D56.2	Delta-beta Thalassemia	J3393	Injection, betibeglogene autotemcel, per treatment (Eff. 7/1/2024)	96415	Chemotherapy administration, intravenous infusion technique; each additional hour
		D56.3	Thalassemia minor				
		D56.4	Hereditary persistence of fetal hemoglobin (HPFH)				
		D56.5	Hemoglobin E-beta thalassemia				
		D56.8	Other thalassemia				
		D56.9	Thalassemia, unspecified				
	Skysona	E71.52	X-linked adrenoleukodystrophy	J3490	Unclassified drugs	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
		E71.520	Childhood cerebral X-linked adrenoleukodystrophy	J3590	Unclassified biologics	96415	Chemotherapy administration, intravenous infusion technique; each additional hour
		E71.521	Adolescent X-linked adrenoleukodystrophy				
		E71.522	Adrenomyeloneuropathy				
		E71.528	Other X-linked adrenoleukodystrophy				
		E71.529	X-linked adrenoleukodystrophy, unspecified type				
GTS-15	Hemgenix	D67	Hereditary factor IX deficiency	J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	96365	Infusion first hour 96366 Infusion each additional hour
		D68	Other coagulation defects				
	Roctavian	D66	Hereditary factor VIII deficiency	C9399	Unclassified drugs or biologicals	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
				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
				J3490	Unclassified drugs	99221	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 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.
				J3590	Unclassified biological	99222	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 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	Sickle-cell disorders	C9399	Unclassified drugs or biologicals	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
		D57.0-D57.09	Hb-SS disease with crisis	J3490	Unclassified drugs		
		D57.1	Sickle-cell disease without crisis	J3590	Unclassified biologics		
		D57.2-D57.219	Sickle-cell/Hb-C disease	J3394	Injection, lovotibeglogene autotemcel, per treatment (Eff. 7/1/2024)	96415	Chemotherapy administration, intravenous infusion technique; each additional hour
		D57.3	Sickle-cell trait				
		D57.4-D57.459	Sickle-cell thalassemia				
		D57.8-D57.819	Other sickle-cell disorders				
	Casgevy	D57	Sickle-cell disorders	C9399	Unclassified drugs or biologicals	38241	Hematopoietic progenitor cell (HPC); autologous transplantation (Casgevy)
		D57.0-D57.09	Hb-SS disease with crisis	J3490	Unclassified drugs		
		D57.1	Sickle-cell disease without crisis	J3590	Unclassified biologics		
		D57.2-D57.219	Sickle-cell/Hb-C disease				
		D57.3	Sickle-cell trait				
		D57.4-D57.459	Sickle-cell thalassemia				
		D57.8-D57.819	Other sickle-cell disorders				
	Elevidys	G71.01	Duchenne or Becker muscular dystrophy	C9399	Unclassified drugs or biologicals	TBD	
				J3490	Unclassified drugs		
				J3590	Unclassified biologics		
	Lenmeldy	E75.25	Metachromatic leukodystrophy	J3590	Unclassified biologics		
	Carvykti*	C90.0	Multiple Myeloma and malignant plasma cell neoplasms	Q2056	Carvykti (Ciltacabtagene autoleucel), up to 100 million autologous b-cell maturation antigen (BCMA) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose.	0540T	Infusion of modified cells
		C90.00	Multiple Myeloma not having achieved remission				
		C90.01	Multiple myeloma in remission				
		C90.02	Multiple myeloma in relapse				
	Abecma*	C90.0	Multiple Myeloma and malignant plasma cell neoplasms	Q2055	Abecma (idecabtagene vicleucel), up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose.	0540T	Infusion of modified cells
		C90.00	Multiple Myeloma not having achieved remission				
		C90.01	Multiple myeloma in remission				
		C90.02	Multiple myeloma in relapse				
	Rethymic*	D82.1	Di George's Syndrome	J3590	Unclassified biologics		
		D82.8	Immunodeficiency associated with other specified major defects	C9399	Unclassified drugs or biologicals		
	Beqvez	D67	Hereditary factor IX deficiency	TBD		TBD	
		D68	Other coagulation defects				

CPT is a registered trademark of the American Medical Association. The Current Procedural Terminology (CPT) codes stated herein are intended only as examples of codes that may be relevant for GTS and its administration; Amwins makes no representation that the CPT codes are accurate, and this information is not intended to replace the guidance of a qualified professional advisor or your plan administrator. You are solely responsible for determining appropriate codes and for any action you take in billing and plan development, and all codes should be confirmed with plan administrators before making any plan language decision. For example, there may be therapies that use generic CPT codes such that excluding that CPT code may result in an inadvertent exclusion of otherwise-covered therapies. The use of this information does not guarantee payment or that any payment received will cover your costs. Diagnosis codes should be selected only by a health care professional.

Resource for Spinraza CPT code: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58579
Resource for Lyfgenia CPT codes:https://www.lyfgenia.com/-/media/lyfgenia/launch%20com/files/billing-and-coding-guide.pdf
Carvykti and Abecma CPT code resource: https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00251505
Rethymic ICD-10 and HCPCS resource: https://specialtydrug.magellanprovider.com/media/347604/mrxm_rethymic_01_22.pdf