

Updated New York State Medicaid Fee-for-Service Policy and Billing Guidance for (Luxturna)

New York State (NYS) Medicaid fee-for-service (FFS) will **continue** to reimburse providers for voretigene neparvovec-rzyl (Luxturna™); however, providers should begin billing for these medications in accordance with the [New York State Medicaid Program Physician – Procedure Codes, Section 2- Medicine, Drugs and Drug Administration](#) document.

This guidance will supersede the policy listed below:

- in the [March 2018](#) and [February 2019](#) issues of the *Medicaid Update*.

Medicaid Managed Care Billing

A provider participating in Medicaid Managed Care (MMC) should check with the patient health plan to determine the plan's billing policies. MMC Plan contact information can be found in the [eMedNY New York State Medicaid Program - Information for all Providers Managed Care Information](#) document.

Fee-For-Service (FFS) Billing:

- Healthcare Common Procedure Coding System (HCPCS) code “**J3398**” (injection, voretigene neparvovec-rzyl) should be used to bill Luxturna™. The associated National Drug Code (NDC) **must** be included on the claim.
- Facilities that are appropriately certified to administer Luxturna™ will be reimbursed for Luxturna™ using the ordered ambulatory fee schedule. Payment will be made in addition to the outpatient APG payment or, if administered on an inpatient basis, in addition to the inpatient APR-DRG payment.
- Facilities are to submit a separate ordered ambulatory claim for Luxturna™. The ordered ambulatory claim should be submitted on paper (using the eMedNY 150003 claim form) and should include the hospital's actual acquisition cost by invoice. Documentation of medical necessity that includes the criteria listed above must accompany the claim. Ordered ambulatory billing guidelines can be found at: <https://www.emedny.org/ProviderManuals/OrderedAmbulatory/PDFS/OrderedAmbulatoryBillingGuidelines.pdf>.
- Providers are reminded that any off-invoice discounts or rebates received from the manufacturer must be passed back to Medicaid. Additionally, consistent with any performance guarantee conveyed by the manufacturer of Luxturna™ (e.g. drug manufacturer is paid only if the patient responds to therapy), Medicaid should not be billed if no payment has been made by the provider to the manufacturer.

- Storage and handling charges are included in the APR-DRG inpatient payment and the APG outpatient payment and will not be reimbursed separately.

Questions and Additional Information:

- FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- Questions regarding MMC reimbursement and/or documentation requirements should be directed to the enrollee's MMC plan.
- Additional FFS practitioner administered drug policies can be found on the NYS Department of Health (DOH) "New York State Fee-for-Service Practitioner Administered Drug Policies and Billing Guidance" web page.
- FFS policy questions may be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by phone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.