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Billing Guidance for Cell and Gene Therapy Access Model Medications

Providers will submit their claim for the Cell and Gene Therapy (CGT) medications, CASGEVY or LYFGENIA, related to the CGT Access Model (Model) on a UB04 claim. The Model requires the reimbursement of the approved medication to be at no less than actual acquisition cost. To ensure proper reimbursement for these medications, please follow the instructions below for filling out form locator 47. All other covered services may be billed under the standards outlined in the Maryland Medicaid UB-04 Manual.

Note: Providers may not use 340B discounts on any Model Medications. The provider may submit for the medication and infusion inpatient stay on the same claim. At this time, Maryland Medicaid is not allowing any specialty pharmacies to submit claims for these medications.

FL 47 Total Charges As a result of the way Medicaid fee-for-service discounts the entire facility bill, it is very important that the instructions for determining the amount to be billed for the medication be followed exactly to ensure that when the system processes the claim and applies the reimbursement rate, the authorized treatment center (ATC) will receive the correct reimbursement amount for the medication. **These steps should be followed for medication reimbursement only.** All other covered services may be billed under the standards outlined in the Maryland Medicaid UB-04 Manual.

A. In order to be paid the actual acquisition cost for the medication, the ATC must divide the actual acquisition cost, as listed on the invoice, by your rate of reimbursement.

Example 1: Maryland general acute and chronic hospitals are paid 92.3% of total charges. Divide the appropriate cost for the CGT Model medication, according to the invoice, by 92.3% (0.923). to yield the amount to be billed in FL 47 (Eg. $\$100/0.923 = \108.34 , price listed on the claim).

Example 2: DC general hospitals are paid a percentage of total charges which are updated annually. For example, if their percentage reimbursement rate is 80% the facility would divide the appropriate cost for the CGT Model medication by 80% (0.80). to yield the amount to be billed in FL 47.

These claims must be submitted through mail as a paper claim. Include the invoice with the claim. Mail claims with invoices to:

Maryland Medical Assistance Program
Attention: Division of Claims Processing
P.O. Box 1935
Baltimore, MD 21203