



**Division of Medical Services**

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**OFFICIAL NOTICE**

**TO:** Health Care Providers – Hospital

**DATE:** March 24, 2026

**SUBJECT:** Coverage for Casgevy (J3392) and Lyfgenia (J3394) for the Sickle Cell Gene Therapy Model

**I. General Information**

Effective April 1, 2026, for dates of service beginning on January 1, 2026, Arkansas Department of Human Services added coverage for approved participating facilities to be separately reimbursed, when billing services using the below mentioned procedure/modifier combinations to be separately reimbursed (carved out) during an inpatient stay. Billing instructions have been provided in the [Hospital Provider Manual](#) Section 272.104

**II. Prior Authorization and Billing Guidelines**

The approved participating facility will request Prior Authorization. Please submit to: [Utilization Review contact information](#)  
(<https://humanservices.arkansas.gov/wp-content/uploads/DMSUR.docx>)

The following billing guidelines are applicable for Fee-For-Service and PASSEs\*.

- The hospital should continue to bill the inpatient stay on Inpatient claim (CMS-1450, formerly UB-04).
- The hospital is to bill the drug (Casgevy or Lyfgenia) on an outpatient claim (CMS-1450, formerly UB-04), even though the dates fall within inpatient stay. The procedure code for Casgevy or Lyfgenia must be billed with a **U1** to indicate this drug was administered during an inpatient stay. Ensure the applicable NDC code is submitted on claim. Casgevy and Lyfgenia are excluded from the 340B Program. 340B Providers must include on the claim modifiers **U7 UA** in addition to the required **U1** modifier mentioned above.
- Submit the CMS-1450 on a paper claim to the Utilization Review department. Include the drug invoice.  
[Utilization Review contact information](#)  
(<https://humanservices.arkansas.gov/wp-content/uploads/DMSUR.docx>)
- A member can only receive Casgevy or Lyfgenia once in a lifetime.
- Members included in the Sickle Cell Gene Therapy Model must have Medicaid as their primary insurance coverage.

**\* The hospital should bill PASSE member claims directly to Medicaid Fee-For-Service.**

**III. Procedure Codes**

When billing for Casgevy or Lyfgenia for dates of service on or after January 1, 2026, the following procedure codes should be billed. Please reference the [Hospital Procedure Code Table](#) for coverage guidelines.

Proc Code	Mod	Description	Provider Contract	PA Req	Age	Dx Group
J3392	U1 U7 UA	INJ, EXAGAMGLOGENE AUTOTEM, SUPPLIED BY HOSPITAL DURING INPT STAY	OUTPA	Y	12+ yrs	<a href="#">2040</a>
J3394	U1 U7 UA	INJ, LOVOTIBEGLOGENE AUTOTEM, SUPPLIED BY HOSPITAL DURING INPT STAY	OUTPA	Y	12+ yrs	<a href="#">2040</a>

**IV. Contact Information for Obtaining Prior Authorization**

When obtaining a Prior Authorization from the **Arkansas Foundation for Medical Care (AFMC)**, please send your request to the following:

Arkansas Foundation for Medical Care	
In-state and out-of-state toll free for inpatient reviews, Prior Authorizations for surgical procedures and assistant surgeons only	1-800-426-2234
General telephone contact, local or long distance – Fort Smith	(479) 649-8501 1-877-650-2362
Fax for Molecular Pathology only	(479)-649-0799
Fax – General	(479) 649-0799
Mailing address	<b>Arkansas Foundation for Medical Care, Inc.</b> P.O. Box 1508 Fort Smith, AR 72902
Physical site location	1101 South 21 <sup>st</sup> Street Fort Smith, AR 72901
Office hours	8:00 a.m. until 4:30 p.m. (Central Time), Monday through Friday, except holidays
Web portal – AFMC	<a href="https://reviewpoint.afmc.org/s/login/">https://reviewpoint.afmc.org/s/login/</a>
Web portal – Arkansas Medicaid	<a href="https://portal.mmis.arkansas.gov/armedicaid/provider/Home/tabid/135/Default.aspx">https://portal.mmis.arkansas.gov/armedicaid/provider/Home/tabid/135/Default.aspx</a>

If you have questions regarding this notice, please contact the Provider Assistance Center at (800) 457-4454 toll-free or locally at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Office of Policy and Rules at (501) 320-6428.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making, and remittance advice (RA) messages are available for download from the [Division of Medical Services website](#).

Thank you for your participation in the Arkansas Medicaid Program.

*S. Elizabeth Pitman*  
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 Director