Keystone First
Keystone First Community HealthChoices
200 Stevens Drive
Philadelphia, PA 19113

To: **Keystone First/Keystone First Community HealthChoices (CHC) Facilities**

Date: **January 15, 2026**

SUBJECT – HIGH-COST CELL AND GENE THERAPIES EXCLUDED FROM INPATIENT BUNDLED PAYMENTS

Effective immediately, Keystone First/Keystone First CHC is implementing new billing requirements for high-cost gene therapy drugs such as those noted below when administered in the inpatient setting. Providers must follow the instructions outlined below to receive correct reimbursement.

Example Gene Therapy Drugs:

- Hemgenix J1411
- Casgevy J3392
- Zynteglo J3393
- Roctavian J1412
- Elevidys J1413
- Lyfgenia J3394

Authorization Process – Providers must request authorization for high-cost gene therapies through PerformRx by fax (Keystone First: 215-937-5018) (Keystone First CHC: 1-855-851-4058), phone (Keystone First: 1-800-588-6767) (Keystone First CHC: 1-866-907-7088) or completing an online authorization request form* The request for the authorization should occur immediately after the decision is made to move forward with the gene therapy. The Provider should submit all information necessary for the known gene therapy as well as any ancillary medications and services (inpatient stay, mobilization, etc.) to PerformRx. PerformRx will intake, review, and provide notice for the gene therapy and ancillary medications that require prior authorization.

PerformRx will coordinate providing information received for the ancillary services prior authorization request(s) to the Keystone First/Keystone First CHC utilization management department. Alternatively for the ancillary (non-medication) services a prior authorization request may continue to be submitted directly to the utilization management department through the NaviNet portal as your teams may currently do today.

* The prior authorization forms for the drugs listed above can be found on the pharmacy prior authorization pages at www.keystonefirstpa.com and www.keystonefirstchc.com

The authorization number provided by PerformRx for the gene therapy and ancillary medications will be available on the provider approval letter for the requested medication(s).

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Ancillary medical services will be reviewed and notification provided through the Plan Utilization Management department with a separate reference number.

Claim Submission

Claim Submission: The claim submission process is dependent on whether the drug is administered in the inpatient or outpatient setting:

- **High-cost gene therapy drugs administered in an outpatient setting** - follow the standard outpatient facility claim submission process and include all standard required NDC information. Medications sourced, fulfilled, and/or dispensed via the 340B program are not permissible to be billed for a Medicaid beneficiary for high-cost gene therapies.

- **High-cost gene therapy drugs provided on in an inpatient setting** - require Hospitals to submit a separate outpatient 837I claim form, in addition to the facility claim form, which must include the standard NDC required information relative to the high-cost gene therapy drug administered with the correct HCPCS and rev code 636. Splitting the drug line out on a separate claim form ensures PA Medicaid is eligible for rebates. Medications sourced, fulfilled, and/or dispensed via the 340B program are not permissible to be billed for a Medicaid beneficiary for high-cost gene therapies.

Retrospective Auditing/Claim Recovery – Keystone First/Keystone First CHC will not retrospectively audit or recover the outpatient drug claims that are appropriately split from the inpatient admission for high-cost gene therapies that fall under this new claim payment policy. Keystone First/Keystone First CHC retains contractual and regulatory required audit rights to prevent fraud, waste, and abuse.

If you have any questions regarding this notice, please contact Provider Services at 1-800-521-6007 or your Provider Account Executive.