

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



**Office of the Deputy Director/Medicaid Director**

**Transmittal # 21-18**

TO: All DC Medicaid Providers

FROM: Melisa Byrd  
Senior Deputy Director and State Medicaid Director

DATE: May 24, 2021

SUBJECT: **Updates to the Professional Services Billing Codes and Reimbursement Rates for COVID-19 Monoclonal Antibody Infusions**

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**Purpose**

The Department of Health Care Finance (DHCF) is committed to taking critical steps to ensure District residents have access to treatments for COVID-19 in the professional setting. This transmittal provides notice of coverage and reimbursement for Monoclonal Antibody infusions in the professional fee schedule for fee-for-service providers that bill HCPCS and CPT codes on CMS-1500 claim forms, and for providers enrolled in Medicaid Managed Care Organization (MCO) networks.

This transmittal amends and updates guidance provided in [Transmittal #21-11 Professional Services Billing Codes and Reimbursement Rates for Administration of COVID-19 Monoclonal Antibody Infusions](#) issued March 2, 2021. These updates reflect:

- The latest guidance by the FDA for the emergency use authorization (EUA) of the bamlan and etesev infusion (code M0245) effective February 9, 2021;
- The FDA EUA revocation of the bamlanivimab-xxxx infusion (code M0239) as of April 17, 2021 (M0239 was reimbursed accordingly for dates of service beginning November 10, 2020 through April 16, 2021);
- The change in rates for M0243 and M0245 as of May 6, 2021; and
- The addition of services M0244 and M0246 for the infusions in the home setting.

**Billing Codes & Reimbursement**

The billing and reimbursement rates for administration of COVID-19 Monoclonal Antibody infusions are based on the published guidance by CMS. If newer rates are published by CMS or a Medicare Administrator Contractor (MAC), the rates may be updated with retroactive payment adjustments as necessary. CMS only priced the administration of these services as the product is being provided for free initially.

In accordance with regulations at 42 CFR § 447.15, providers may not balance bill Medicaid beneficiaries amounts additional to the amount paid by the agency plus any deductible, coinsurance or copayment required by the state plan to be paid by the beneficiary.

### Administration

The table below provides the relevant and most current billing and reimbursement guidance for administration of all COVID-19 monoclonal antibody infusions covered by DHCF to date. M0239 was reimbursed accordingly for dates of service beginning November 10, 2020 through April 16, 2021 and is not covered effective April 17, 2021.

HCPCS/CPT	Description	Labeler Name	Effective Date	Max Units	PA Required	Rates
M0239	bamlanivimab-xxxx infusion	Eli Lilly	4/17/21	1	No	Not Covered
M0243	casirivi and imdevi infusion	Regeneron	11/21/20-5/5/21	1	No	\$309.60
M0243	casirivi and imdevi infusion	Regeneron	5/6/21	1	No	\$551.07
M0244	Casirivi and imdevi infus home	Regeneron	5/6/21	1	No	\$919.16
M0245	Bamlan and etesev infusion	Eli Lilly	2/9/21-5/5/21	1	No	\$309.60
M0245	Bamlan and etesev infusion	Eli Lilly	5/6/21	1	No	\$551.07
M0246	Bamlan and etesev infus home	Eli Lilly	5/6/21	1	No	\$919.16

### Products

Since CMS anticipates that providers will not incur a cost for the products for Monoclonal Antibody infusions initially, CMS will update the payment allowance for the products at a later date. Providers should not bill for the product if they received it for free, thus the following product codes are not covered at this time in the professional fee schedule.

HCPCS/CPT	Description	Labeler
Q0239	bamlanivimab-xxxx	Eli Lilly
Q0243	casirivimab and imdevimab	Regeneron
Q0245	Bamlan and etesev infusion	Eli Lily

**For MCO Enrollees:** Providers should follow instructions provided by the enrollee's MCO for billing for administration of COVID-19 monoclonal antibody infusions. MCOs are required to reimburse providers at the rates published in this transmittal. Contact the appropriate MCO for more information:

- AmeriHealth Caritas DC Provider Services: 202-408-2237 or 1-888-656-2383
- CareFirst Community Health Plan DC Provider Services: 202-821-1100
- Health Services for Children with Special Needs (HSCSN) Provider Services: 202-467-2737 | Option #2
- MedStar Family Choice-DC Provider Services: 855-798-4244

### Contact

Please refer to the DHCF provider fee schedule available at <https://www.dc-medicaid.com> for all future updates related to coverage of COVID-19 codes, and for the most up-to-date information on pricing. If you have questions, please contact Amy Xing, Reimbursement Analyst, at [amy.xing2@dc.gov](mailto:amy.xing2@dc.gov) or 202-481-3375.

**Cc:** DC Hospital Association  
DC Primary Care Association  
DC Health Care Association  
DC Home Health Association  
DC Behavioral Health Association  
DC Coalition of Disability Service Providers  
Medical Society of DC