

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Deputy Director and Medicaid Director

Transmittal # 22-18 (rev. II)

TO: All DC Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director and Medicaid Director

DATE: September 28, 2022

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

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 guidance provided in [Transmittal #22-18 \(rev.\) COVID-19 Monoclonal Antibody Infusions Update](#) issued May 9, 2022. This revision reflects updated coverage and pricing for the product Bebtelovimab 175 which has transitioned away from being provided by the U.S. government freely to the private market for purchase.

Billing Codes & Reimbursement

The billing and reimbursement rates for the 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. Unless otherwise indicated, CMS only priced the administration of these services as the product is being initially provided at no cost.

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 the administration of all COVID-19 monoclonal antibody infusions covered by DHCF to date.

HCPCS/ CPT	Description	Labeler Name	Effective Date	Max Units	PA Required	Rates for Claims with Date of Service through 12/31/2021	Rates for Claims with Date of Service beginning 1/1/2022
M0220	Tixagev and cilgav inj	AstraZeneca	12/8/21	1	No	\$184.37	\$184.37
M0221	Tixagev and cilgav inj hm	AstraZeneca	12/8/21	1	No	\$306.85	\$306.85
M0222	Bebtelovimab injection	Eli Lilly	2/11/22	1	No	N/A	\$429.35
M0223	Bebtelovimab injection home	Eli Lilly	2/11/22	1	No	N/A	\$673.87
M0249*	Adm Tocilizu COVID-19 1st	Genentech	6/24/21	1	No	\$551.07	\$551.39
M0250*	Adm Tocilizu COVID-19 2nd	Genentech	6/24/21	1	No	\$551.07	\$551.39

Products

Providers should not bill for the product if they received the product for free, thus most of the product codes are not covered at this time on the professional fee schedule. **When products transition to the private market for purchase by providers, coverage and rates will apply. Currently, providers should bill for Tocilizumab (never provided freely by the U.S. government) and for Bebtelovimab 175 (per a rate effective 8/15/22).**

HCPCS/ CPT	Description	Labeler	Coverage/Rates
Q0220	Tixagev and cilgav, 300mg	AstraZeneca	Not covered
Q0221	Tixagev and cilgav, 600mg	AstraZeneca	Not covered
Q0222	Bebtelovimab 175	Eli Lilly	2/11/22-8/14/22 not covered; effective 8/15/22 covered \$2,394.00
Q0239**	Bamlanivimab-xxxx	Eli Lilly	Not covered effective 4/17/21
Q0240**	Casirivi and imdevi 600mg	Regeneron	Not covered effective 1/24/22
Q0241**	Casirivi and imdevi 600mg repeat hm	Regeneron	Not covered effective 1/24/22
Q0243**	Casirivimab and imdevimab	Regeneron	Not covered effective 1/24/22
Q0244**	Casirivi and imdevi 1200 mg	Regeneron	Not covered effective 1/24/22

Q0245**	Bamlan and etesev infusion	Eli Lilly	Not covered effective 1/24/22
Q0246**	Bamlan and etesev infusion home infusion	Eli Lilly	Not covered effective 1/24/22
Q0247**	Sotrovimab	GSK	5/26/21-4/4/22 covered; effective 4/5/22 not covered
Q0248**	Sotrovimab home infusion	GSK	5/26/21-4/4/22 covered; effective 4/5/22 not covered
Q0249	Tocilizumab for COVID-19	Genentech	\$6.57

*CMS indicates this therapy is for hospitalized adults and pediatric patients. The drug is also separately billable, albeit likely for hospital providers only; as of 4/5/22 this drug is no longer FDA authorized or covered by DHCF. It was effective 5/26/21-4/4/22 and had a rate of \$2,394.

**These products are no longer authorized by the FDA and will remain as not covered.

For MCO Enrollees: Providers should follow instructions provided by the enrollee's MCO for billing for the 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 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