

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 22-18 (rev.)

TO: All DC Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director/Medicaid Director

DATE: May 9, 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 COVID-19 Monoclonal Antibody Infusions Update](#) issued April 25, 2022. This update reflects updated coverage per the latest guidance by the FDA for the non-authorization of sotrovimab by GSK.

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. Unless otherwise indicated, 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.

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

M0239 (bamlanivimab-xxxx) was reimbursed accordingly for dates of service 11/10/2020-4/16/2021 and is not covered effective 4/17/2021. M0240 (Casiri and imdev repeat), M0241 (Casiri and imdev repeat hm), M0243 (Casirivi and imdevi infusion), M0244 (Casirivi and imdevi infus home), M0245 (Bamlan and etesev infusion, and M0246 (Bamlan and etesev infus home) were reimbursed accordingly for dates of service 5/6/2021-01/23/22 and are not covered effective 1/24/22.

M0247 (Sotrovimab infusion) and M0248 (Sotrovimab inf, home admin) were reimbursed accordingly for dates of service 5/26/21-4/4/22 and are not covered effective 4/5/22.

*CMS indicates this therapy is for hospitalized adults and pediatric patients. The drug is also separately billable, albeit likely for hospital providers only.

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 most of the product codes are not covered at this time in the professional fee schedule. The exception at this time is Tocilizumab. Providers should bill for Tocilizumab product when administered because it is not provided for free. Q0239 (bamlanivimab-xxxx) was end dated effective 4/17/2021.

HCPCS/ CPT	Description	Labeler	Coverage/Rates
Q0220	Tixagev and cilgav, 300mg	AstraZeneca	Not covered
Q0221	Tixagev and cilgav, 600mg	AstraZeneca	Not covered
Q0222	Bebetelovimab 175	Eli Lilly	Not Covered
Q0240**	Casirivi and imdevi 600mg	Regeneron	Not covered
Q0243**	Casirivimab and imdevimab	Regeneron	Not covered
Q0244**	Casirivi and imdevi 1200 mg	Regeneron	Not covered
Q0245**	Bamlan and etesev infusion	Eli Lilly	Not covered
Q0247*	Sotrovimab	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 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