



AmeriHealth Caritas[™]
District of Columbia

To:	All AmeriHealth Caritas DC Providers
Date:	October 8, 2021
Subject:	Updates to the Professional Services Billing Codes and Reimbursement Rates for COVID-19 Monoclonal Antibody Infusions

Please see the notice below from the District of Columbia Department of Health Care Finance (DHCF) regarding professional services billing codes and reimbursement rates for COVID-19 monoclonal antibody infusions.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



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 #21-33 COVID-19 Monoclonal Antibody Infusions Update issued August 11, 2021. These updates reflect the following changes:

- Latest guidance by the FDA for the emergency use authorization (EUA) of casirivimab and imdevimab for individuals in whom repeat dosing is determined to be appropriate for ongoing exposure to SARS-CoV-2 for longer than 4 weeks and are not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination.

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



AmeriHealth Caritas[™]
District of Columbia

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 11/10/2020-4/16/2021 and is not covered effective 4/17/2021.

HCPSC/CPT	Description	Labeler Name	Effective Date	Max Units	PA Required	Rates
M0239	Bamlanivimab-xxxx infusion	Eli Lilly	4/17/21	1	No	Not Covered
M0240	Casiri and imdev repeat	Regeneron	7/30/21	1	No	\$551.07
M0241	Casiri and imdev repeat hm	Regeneron	7/30/21	1	No	\$919.16
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



AmeriHealth Caritas™

District of Columbia

M0246	Bamlan and etesev infus home	Eli Lilly	5/6/21	1	No	\$919.16
M0247	Sotrovimab infusion	GSK	5/26/21	1	No	\$551.07
M0248	Sotrovimab inf, home admin	GSK	5/26/21	1	No	\$919.16
*M0249	Adm Tocilizu COVID-19 1st	Genentech	6/24/21	1	No	\$551.07
*M0250	Adm Tocilizu COVID-19 2nd	Genentech	6/24/21	1	No	\$551.07

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 are the products for Sotrovimab and Tocilizumab.

HCCPS/CPT	Description	Labeler	Rates
Q0239	Bamlanivimab-xxxx	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 Lily	Not covered
**Q0247	Sotrovimab	GSK	Effective 5/26/21, MU = 1, PA = No, Rate = \$2,394
*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 for hospital providers.

**Providers should bill for Sotrovimab product when administered because it is not provided for free.

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



AmeriHealth Caritas[™]

District of Columbia

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