

September 15, 2022

PROVIDER ALERT: UPDATES TO THE PROFESSIONAL SERVICES BILLING CODES FOR COVID-19 MONOCLONAL ANTIBODY INFUSIONS AND VACCINES

This provider alert contains information concerning the current billing and reimbursement rates for COVID-19 monoclonal antibody infusions and vaccines.

The table below provides the relevant and most current billing and reimbursement rates for the administration of all COVID-19 monoclonal antibody infusions covered to date by the Department of Health Care Finance (DHCF).

HCPCS	DESCRIPTION	LABELER NAME	EFF. DATE	MAX UNITS	PA REQUIRED	RATES (DATE OF SERVICE THROUGH 12/31/2021)	RATES (DATE OF SERVICE STARTING 1/1/2022)
M0220	Tixagev and Cilgav Inj	AstraZeneca	12/8/2021	1	No	\$184.37	\$184.37
M0221	Tixagev and Cilgav Inj HM	AstraZeneca	12/8/2021	1	No	\$306.85	\$306.85
M0222	Bebtelovimab Injection	Eli Lilly	2/11/2022	1	No	N/A	\$429.35
M0223	Bebtelovimab Injection, home	Eli Lilly	2/11/2022	1	No	N/A	\$673.87
M0249*	Adm Tocilizu COVID-19, 1st	Genentech	6/24/2021	1	No	\$551.07	\$551.39
M0250*	Adm Tocilizu COVID-19, 2nd	Genentech	6/24/2021	1	No	\$551.07	\$551.39

*Per CMS M0249 and M0250 are for hospitalized adults and pediatric patients. The drug is separately billable for hospital providers only.

Providers should not bill for the product if they received it for free. The exception at this time is Tocilizumab. Refer to the table below.



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HCPCS	DESCRIPTION	LABELER NAME	Coverage/Rates
Q0220	Tixagev and Cilgav, 300mg	AstraZeneca	Not Covered
Q0221	Tixagev and Cilgav, 600mg	AstraZeneca	Not Covered
Q0222	Bebtelovimab 175	Eli Lilly	Not Covered
Q0240**	Casirivi and Imdevi, 600mg	Regeneron	Not Covered
Q0243**	Casirivmab and Imdevimab	Regeneron	Not Covered
Q0244**	Casirivi and Imdevi, 1200mg	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 for hospital providers only. As of 4/5/22, this drug is no longer FDA authorized or covered by DHCF.

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

The table below provides the relevant and most current billing and reimbursement guidance for all COVID-19 vaccines covered by DHCF to date for professional providers.



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HCPCS	DESCRIPTION	LABELER NAME	EFFECTIVE DATE	MAX UNITS	PA REQUIRED	RATE DATES OF SERVICE THROUGH 3/14/2021	RATE DATES OF SERVICE ON/AFTER 3/15/2021	RATE DATES OF SERVICE ON/AFTER 1/1/2022
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	12/11/2020	1	No	\$16.94	\$47.10	\$46.71
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	12/11/2020	1	No	\$28.39	\$47.10	\$46.71
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	Pfizer	8/12/2021	1	No	N/A	\$47.10	\$46.71
0004A	ADM SARSCOV2 30MCG/0.3ML BST	Pfizer	9/22/2021	1	No	N/A	\$47.10	\$46.71
0011A	ADM SARSCOV2 100MCG/0.5ML 1ST	Moderna	12/18/2020	1	No	\$16.94	\$47.10	\$46.71
0012A	ADM SARSCOV2 100MCG/0.5ML 2ND	Moderna	12/18/2020	1	No	\$28.39	\$47.10	\$46.71
0013A	ADM SARSCOV2 100MCG/0.5ML 3RD	Moderna	8/12/2021	1	No	N/A	\$47.10	\$46.71
0031A	ADM SARSCOV2 VAC AD26 .5ML	Janssen	2/27/2021	1	No	\$28.39	\$47.10	\$46.71
0034A	ADM SARSCOV2 VAC AD26 .5ML B	Janssen	10/20/2021	1	No	N/A	\$47.10	\$46.71
0051A	ADM SARSCV2 30MCG TRS-SUCR 1	Pfizer	9/3/2021	1	No	N/A	\$47.10	\$46.71
0052A	ADM SARSCV2 30MCG TRS-SUCR 2	Pfizer	9/3/2021	1	No	N/A	\$47.10	\$46.71
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	Pfizer	9/3/2021	1	No	N/A	\$47.10	\$46.71
0054A	ADM SARSCV2 30MCG TRS-SUCR B	Pfizer	9/3/2021	1	No	N/A	\$47.10	\$46.71
0064A	ADM SARSCOV2 50MCG/0.25MLBST	Moderna	10/20/2021	1	No	N/A	\$47.10	\$46.71
0071A	ADM SARSCV2 (PEDIATRIC) 10MCG TRS-SUCR 1	Pfizer	10/29/2021	1	No	N/A	\$47.10	\$46.71
0072A	ADM SARSCV2 (PEDIATRIC) 10MCG TRS-SUCR 2	Pfizer	10/29/2021	1	No	N/A	\$47.10	\$46.71
0073A	ADM SARSCV2 (PEDIATRIC) 10MCG TRS-SUCR 3	Pfizer	1/3/2022	1	No	N/A	N/A	\$46.71
0094A	ADM SARSCOV2 50MCG/.5 MLBST	Moderna	3/29/2022	1	No	N/A	N/A	\$46.71
M0201*	COVID-19 VACCINE HOME ADMIN	N/A	6/8/2021	1	No	N/A	\$41.38	\$41.83

*M0201 (COVID-19 Vaccine Home Admin) is an add-on code for each dose of a vaccination administered in the home setting. Do not report this code for any place of service other than those considered as in-home.

CMS anticipates that providers will not incur a cost for the products for vaccines initially, CMS will update the payment allowance for then products at a later date. Providers should not bill for the product if they received it for free. As such, the following product codes are not covered at this time on the Medicaid Fee Schedule.

CPT	DESCRIPTION	LABELER NAME
91300	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer
91301	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna
91303	SARSCOV2 VAC AD26.5ML IM	Janssen
91305	SARSCOV2 VAC 30MCG TRS-SUCR	Pfizer
91306	SARSCOV2 VAC 50MCG/0.25ML IM	Moderna

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91307	SARCOV2 (PEDIATRIC) VAC 10MCG TRS-SUCR	Pfizer
91309	SARCOV2 VAC 50MCG/0.5ML IM	Moderna

For questions concerning this Provider Alert, please contact the MFC-DC Provider Relations department, Monday through Friday, 8 a.m. to 5:30 pm.

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