

interChange Provider Important Message

Reimbursement for COVID-19 Monoclonal Antibody Therapy Q0222 Injection, Bebtelovimab, 175 mg

The Connecticut Medical Assistance Program (CMAP) is aware of changes for the reimbursement of the COVID-19 monoclonal antibody therapy, bebtelovimab, 175mg effective for dates of service August 15, 2022, and forward. CMAP is working on adding reimbursement for the COVID-19 monoclonal antibody therapy, bebtelovimab, 175mg billed under procedure code Q0222 - Injection, 175 mg for the product.

Effective for dates of service August 15, 2022, hospitals should only bill CMAP for procedure code Q0222 when the product was purchased commercially directly from the manufacturer, Eli Lilly. Please check the Batch number on the vial and if the Batch # is D534422, the product was commercially purchased. Continue to monitor Eli Lilly for further information about future batch numbers. CMAP will follow the Centers for Medicare and Medicaid Services and will reimburse 95% average wholesale price (AWP) or \$2394.00 for this product. Please refer to MLNconnects 2022-08-11-MLNC released on 8/11/2022 for further information.

For batches of bebtelovimab that were United States Government (USG)-purchased, hospitals should not bill Q0222 since the product was purchased through the US Government.

There is no change to the procedure codes for the injection of Bebtelovimab, 175mg. Hospitals should continue to follow CMAP Addendum B for reimbursement information for the following services:

- M0222: Intravenous injection, includes injection and post administration monitoring
- M0223: Intravenous injection, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency