



April 25, 2022 (Updated June 16, 2022)

Web Announcement 2770

Attention All Providers:

Monoclonal Antibody Codes Opened for Treatment of COVID-19 Infection

In November 2020, the U.S. Food and Drug Administration (FDA) had issued emergency use authorization (EUA) for monoclonal antibodies for the treatment of patients with COVID-19 infection. The monoclonal antibody drugs have been provided at no-cost to specific providers by the federal government.

Effective April 25, 2022, the following COVID-19 monoclonal antibody codes and infusion/administration codes were added to the Medicaid Management Information System (MMIS) and can be billed to Nevada Medicaid with the dates of service indicated below by the provider types listed below. No prior authorization is required.

Monoclonal antibody code	EUA effective dates of service	Impacted provider types who can bill these codes
Q0220* Astra Zeneca injection tixagevimab and cilgavimab for individuals 12+ w/no known exposure to sars-cov-2 w/immunocompromised systems and available COVID-19 vaccines are not recommended	12/08/2021	12 – Hospital, Outpatient 20 - Physician, M.D., Osteopath, D.O. 24 – Advanced Practice Registered Nurse (APRN) 77 – Physician’s Assistant
M0220* Astra Zeneca injection tixagevimab and cilgavimab for individuals 12+	12/08/2021	
Q0221* AstraZeneca Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only for certain adults and pediatric individuals 12 years of age and older	02/24/2022	
M0221* Astra Zeneca injection tixagevimab and cilgavimab for individuals 12+ w/no known exposure to sars-cov-2 w/immunocompromised systems and available COVID-19 vaccines are not recommended includes injection and post administration monitoring in the home or home that has been made provider-based to the hospital	12/08/2021	
Q0222 Eli Lilly Injection Bebtelovimab 175mg	02/11/2022	
M0222 Eli Lilly Intravenous injection, bebtelovimab, includes injection and post monitoring	02/11/2022	
M0223 Eli Lilly Intravenous injection, bebtelovimab, including and post monitoring in the home or residence	02/11/2022	
M0241* Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's	07/30/2021 Revoked EUA 01/24/2022	

Monoclonal antibody code	EUA effective dates of service	Impacted provider types who can bill these codes
home that has been made provider-based to the hospital during the COVID-19 public health emergency, subsequent repeat doses		
M0244* Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or 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	05/06/2021 Revoked EUA 01/24/2022	
M0246* Intravenous infusion, bamlanivimab and etesevimab, includes infusion 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	05/06/2021 Revoked EUA 01/24/2022	
M0248* Intravenous infusion, sotrovimab, includes infusion 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	05/26/2021	

*The above codes are restricted to recipients ages 12 and over.

Claims that denied for the above codes from the dates of service indicated above through April 25, 2022, may be reprocessed automatically, if needed. Results of any reprocessed claims will appear on a future remittance advice.

Nevada Medicaid cannot be billed for the cost of the monoclonal antibody products to treat COVID-19 that providers get for free. Providers may bill Nevada Medicaid for the infusion of these drugs and will be reimbursed in accordance with the methodology outlined in the Nevada Medicaid State Plan. These products are restricted from coverage through the pharmacy point-of-sale (POS) system.

Providers must bill the administered monoclonal antibodies with the following:

- HCPCS "Q" code with National Drug Code (NDC) billed at \$.01, and
- Administration HCPCS "M" code and bill with usual and customary charge.

Please review the COVID-19 General Billing Guide for billing instructions. All Nevada Medicaid Fee-for-Service billing guides, including the COVID-19 General Billing Guide, can be found on the Providers Billing Information webpage at:

<https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.