



May 7, 2021

Web Announcement 2495

Attention All Providers:

Monoclonal Antibodies Approved 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 19, 2021, the following COVID-19 monoclonal antibody codes and corresponding administration codes were added to the Medicaid Management Information System (MMIS) and can be billed with the dates of service indicated below to Nevada Medicaid by the provider types listed below.

Monoclonal antibody code	Corresponding administration code	EUA effective dates of service	Impacted provider types who can bill these codes:
Q0239 Eli Lilly injection, bamlanivimab, 700mg	M0239 Eli Lilly intravenous infusion, bamlanivimab, includes infusion and post administration monitoring	11/10/2020 to 04/16/2021*	12 – Hospital, Outpatient 20 - Physician, M.D., Osteopath, D.O.
Q0243 Regeneron injection, casirivimab and imdevimab, 2400 mg	M0243 Regeneron intravenous infusion, casirivimab and imdevimab, includes infusion and post administration monitoring	11/21/2020	24 – Advanced Practice Registered Nurse (APRN) 77 – Physician’s Assistant
Q0245 Eli Lilly injection, bamlanivimab and etesevimab, 2100 mg	M0245 Eli Lilly intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	02/09/2021	

The above codes are restricted to recipients ages 12 and over. No prior authorization is required.

***Important note:** Effective April 16, 2021, the U.S. Food and Drug Administration (FDA) has rescinded the EUA that allowed for bamlanivimab, when administered alone, to be used for the treatment of mild-to-moderate COVID-19 in adults and certain pediatric patients.

Claims that denied for the above codes from the dates of service indicated above through April 19, 2021, will be automatically reprocessed. Results of the 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>.