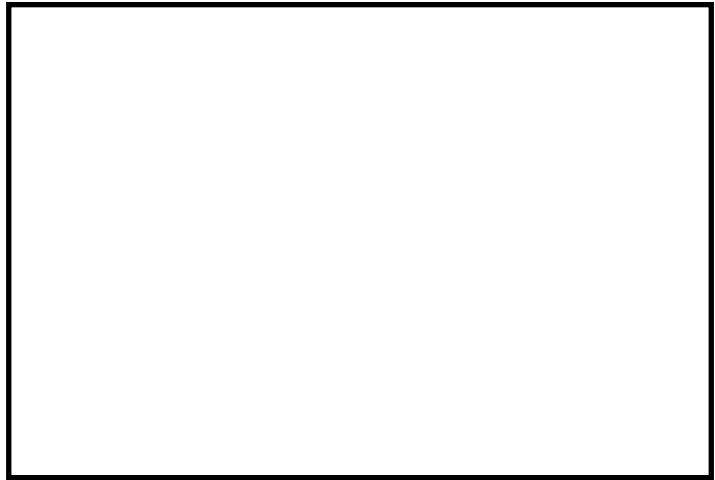


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202206 JANUARY 25, 2022

IHCP covers additional COVID-19 treatment codes M0220, M0221 and Q0220

The Indiana Health Coverage Programs (IHCP) has received additional Healthcare Common Procedure Coding System (HCPCS) procedure code updates and code description revisions from the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) for the treatment of the coronavirus disease 2019 (COVID-19). Effective for dates of service (DOS) on or after **Dec. 8, 2021**, the IHCP covers three new COVID-19 treatment codes listed in [Table 1](#).



The following reimbursement information applies to all three codes listed in Table 1:

- Prior authorization (PA): None required
- Billing guidance: Separate reimbursement in the outpatient setting is allowed under revenue code 636 – *Pharmacy (Extension of 025X) – Drugs Requiring Detailed Coding*. For reimbursement consideration, providers may bill the procedure code and the revenue code together, as appropriate.
- Age restriction: Age 12 years and older

PA, reimbursement and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care guidance should be directed to the MCE with which the member is enrolled.

Providers have 90 days from the date of this publication for managed care claim submission, or 180 days from the date of publication for FFS claim submission, to bypass timely filing limits. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

This information will be reflected in updates to *Procedure Codes That Require National Drug Codes (NDCs) and Revenue Codes With Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at in.gov/medicaid/ providers. Updates will also be made to the Professional Fee Schedule and the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Table 1 – New COVID-19 treatments covered for DOS on or after Dec. 8, 2021

Procedure code	Description	Program coverage*	National Drug Code (NDC) required	Reimbursement information
M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring	Covered	No	<i>Professional Claim:</i> \$134.96 (DOS 12/8/21 through 12/31/21) \$135.02 (DOS on or after 1/1/22) <i>Outpatient Claim:</i> \$134.96 (DOS 12/8/21 through 12/31/21) \$135.02 (DOS on or after 1/1/22)
M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or COVID-19 vaccine component(s), 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	Covered	No	<i>Professional Claim:</i> \$224.53 (DOS 12/8/21 through 12/31/21) \$224.82 (DOS on or after 1/1/22) <i>Outpatient Claim:</i> \$224.53 (DOS 12/8/21 through 12/31/21) \$224.82 (DOS on or after 1/1/22)
Q0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), 300 mg	Covered	Yes	Providers should note that these drugs are available at no charge to providers at this time. Therefore, the IHCP will pay zero until further notice.

* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

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