



**TO**

End-Stage Renal Disease Service Providers, HealthCheck Providers, Hospital Providers, Nurse Midwives, Nurse Practitioners, Nurses in Independent Practice, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

**REGARDING**

Bebtelovimab Monoclonal Antibody Therapy Transition to Commercial Distribution

## Bebtelovimab Monoclonal Antibody Therapy Transition to Commercial Distribution

Starting August 15, 2022, bebtelovimab monoclonal antibody therapy began transitioning from government distribution to commercial distribution by Eli Lilly.

ForwardHealth accepts claims for the following Healthcare Common Procedure Coding System (HCPCS) codes for bebtelovimab.

PROCEDURE CODE	DESCRIPTION
Q0222	Injection, bebtelovimab, 175 mg
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring
M0223	Intravenous injection, bebtelovimab, 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

Effective for dates of service (DOS) on and after August 15, 2022, **claims should only include HCPCS code Q0222 if the product was purchased commercially.** The current reimbursement rate for code Q0222 may be found on the [maximum allowable fee schedules](#) on the ForwardHealth Portal. Providers should keep a copy of the purchase invoice for commercially sourced bebtelovimab in the member's medical record to support reimbursement received for code Q0222. Providers who used commercially purchased product for DOS from August 15, 2022, through September 22, 2022, and did not receive payment for code Q0222 on the claim should resubmit the claim to receive the updated rate.

**For government-supplied bebtelovimab, providers should bill only for the administration of the product and not include HCPCS code Q0222 on the claim.** Any reimbursement received for code Q0222 for government-supplied bebtelovimab will be considered an overpayment; providers should void the claim and rebill only for the administration using code M0222 or M0223 alone.

As communicated in ForwardHealth Update [2020-26](#), titled “Member Copay Exemption for COVID-19 Laboratory Testing, Laboratory Testing-Related Services, and All COVID-19-Related Treatment Services,” all COVID-19-related treatment services continue to be exempt from member copay requirements per the federal [Families First Coronavirus Response Act](#) (H.R. 6201). Once the federal government ends the public health emergency for COVID-19, the federal requirements will end approximately one year later as described in the legislation. ForwardHealth will notify providers when policies related to these requirements also end.

COVID-19-related ForwardHealth Alerts and Updates are available on the [COVID-19: ForwardHealth News and Resources](#) page of the Portal.