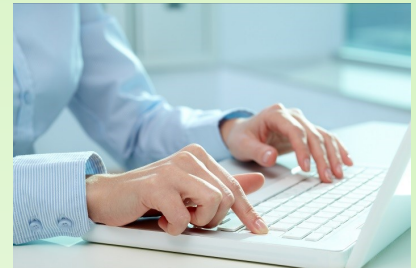


# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2022116    DECEMBER 15, 2022

## IHCP removing coverage of COVID-19 treatment codes for bebtelovimab

On Nov. 30, 2022, the U.S. Food and Drug Administration (FDA) withdrew the Emergency Use Authorization (EUA) for bebtelovimab for the treatment of coronavirus disease 2019 (COVID-19). To align with this change, the Indiana Health Coverage Programs (IHCP) is removing coverage of this drug through its pharmacy and medical benefits. See the [FDA announcement](#) for more details.



The Healthcare Common Procedure Coding System (HCPCS) codes in Table 1 will no longer be covered by the IHCP effective immediately and retroactive to dates of service (DOS) on or after Nov. 30, 2022. All affected claims will be reprocessed.

*Table 1 – Bebtelovimab codes that are noncovered for DOS on or after Nov. 30, 2022*

Procedure code	Description
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
Q0222	Injection, bebtelovimab, 175 mg

This change will be reflected in the next regular update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Updates will also be made to the following code table documents, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers):

- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Revenue Codes With Special Procedure Code Linkages*

This reimbursement information applies to services delivered under the fee-for service (FFS) delivery system. Due to the FDA determination, individual managed care entities (MCEs) will also have to stop coverage of these codes. Questions about managed care billing and reimbursement should be directed to the MCE with which the member is enrolled.

**QUESTIONS?**

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