



Health Partners Plans

January 4, 2021

Dear Provider,

RE: COVID-19 Antibody Therapy Administration

Please see the table below for the appropriate procedure codes to be used when billing Health Partners Plans (HPP) for COVID-19 antibody therapy administration to HPP members and the reimbursements applicable to those codes. HPP will follow both the Centers for Medicaid & Medicare Services (CMS) and the Pennsylvania Department of Human Services (DHS) policies related to coding and reimbursement.

It is important to note that the coding and reimbursement detailed in this communication are applicable to all provider types and the outpatient place of service.

MONOCLONAL ANTIBODY THERAPY CODE ADMINISTRATION CODE		MEDICAID	MEDICARE PAR AND NON-PAR	KIDZ PARTNERS	NON-PAR PROVIDERS MEDICAID & CHIP
M0239	Eli Lilly and Company intravenous infusion, bamlanivimab- xxxx, includes infusion and post administration monitoring	\$247.68	\$0 Provider is required to bill CMS	\$247.68	\$247.68
M0243	Regeneron intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	\$247.68	\$0 Provider is required to bill CMS	\$247.68	\$247.68

We appreciate your continued support in managing the needs of our members. If you have any questions, please contact our Provider Services Helpline at **1-888-991-9023**, Monday – Friday, 9 a.m. – 5:30 p.m.

Sincerely,

Michael K. Krusen

Michael K. Krusen
Regional Vice President, Provider Network Operations