Payment Policy | COVID-19 Monoclonal Antibody Treatment and Antiviral IV Medications

EFFECTIVE DATE: 01|01|2022
POLICY LAST REVIEWED: 04|01|2026

For dates of service on or after May12, 2023, BCBSRI will cover FDA approved and authorized treatments of monoclonal antibodies and antiviral medications for COVID-19 in accordance with the applicable Subscriber Agreement and/or Evidence of Coverage.

Commercial Products: Beginning with dates of service on or after **May 12, 2023**, representing the end of the COVID Public Health Emergency (PHE), the **cost share waiver** in this policy will no longer apply and cost share for the services in this policy will follow applicable Subscriber Agreement.

Medicare Advantage Plans: Beginning with dates of service on or after **July 1, 2023**, the **cost share waiver** in this policy will no longer apply and cost share for the services in this policy will follow applicable Evidence of Coverage.

OVERVIEW

Monoclonal antibodies are laboratory-made proteins that mimic the immune system's ability to fight off harmful antigens such as viruses. Monoclonal antibody products are considered COVID-19 vaccines per Centers for Medicare & Medicaid Services (CMS).

BCBSRI reserves the right to implement changes to this policy without the contractual sixty-day (60) notification that is normally required under BCBSRI contracts with its providers due to the urgent nature of a pandemic related service.

Note: This policy is NOT effective for any specific vaccine/antibody treatment during the time as the vaccine/antibody treatment is approved by the FDA. The effective date for any specific vaccine/antibody treatment shall align with the FDA approval date. As a result, each vaccine/antibody treatment may have a different effective date.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Monoclonal antibody therapy, not limited to bamlanivimab, casirivimab and imdevimab for the treatment of mild-to-moderate COVID-19 is covered when all the following are met:

- positive COVID-19 test results AND
- over 12 years of age AND
- at high risk for progressing to severe COVID-19 and/or hospitalization AND
- given within 10 to 12 days of symptoms AND
- not hospitalized

For Medicare Advantage Plans, BCBSRI will adhere to Centers for Medicare & Medicaid (CMS) claims filing guidelines for monoclonal antibody therapy. See Coding section for details.

COVERAGE

BCBSRI will not impose any cost sharing (e.g., deductibles, copayments, and coinsurance) on monoclonal antibody drugs or administration related services for COVID-19 during the timeframe this policy is in effect.

BACKGROUND

On November 9, 2020, the U.S. Food and Drug Administration issued an EUA for the investigational monoclonal antibody therapy, bamlanivimab, for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients with positive COVID-19 test results who are at high risk for progressing to severe COVID-19 and/or hospitalization. Bamlanivimab may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary. Review the Fact Sheet for Health Care Providers EUA of Bamlanivimab regarding the limitations of authorized use.

On April 16, 2021, the FDA revoked the Emergency Use Authorization (EUA) for bamlanivimab, when administered alone, due to a sustained increase in COVID-19 viral variants in the U.S. that are resistant to this antibody therapy. The FDA determined that the known and potential benefits of bamlanivimab, when administered alone, no longer outweigh the known and potential risks.

Effective for services rendered on or after August 15, 2022, the United States Government (USG) is no longer purchasing and distributing Bebtelovimab. Bebtelovimab can now be purchased through typical purchasing channels, although distribution may be limited to the drug manufactures sole source distributor. Providers may bill only for products purchased commercially. Providers should not bill for USG purchased/supplied products that it may have on hand/in stock. For information regarding reimbursement, please see our policy titled "COVID-19 Diagnostic Testing, Vaccine and Antibody Treatment Administration Reimbursement"

Coverage for monoclonal antibodies is limited to the Emergency Use Authorization limitations set by the FDA and/or any guidelines on the medical conditions/indications and/or factors associated with increased risk for progression to severe COVID-19 issued and updated by the Centers for Disease Control and Prevention (CDC) website: *

**Please Note: BCBSRI reserves the right to request medical records retrospectively to ensure that all guidelines outlined by FDA's EUA and/or CDC were properly followed.*

Medicare Advantage Plans

Effective 1/1/2022, providers should bill BCBSRI for any Medicare Advantage Plan services.

CODING

Medicare Advantage Plans and Commercial Products

Claims Filing/Reimbursement Information

Monoclonal Antibody Drugs

When monoclonal antibodies are purchased by provider, the provider should append modifier 22 to the monoclonal antibody code listed below to indicate the monoclonal antibody drug was purchased and not supplied by the USG.

Monoclonal antibody drugs supplied to providers at no cost will not have any reimbursement made if filed by a provider. If a provider elects to submit a claim for the monoclonal antibody drug code itself, the claim will indicate a denial for the monoclonal antibody drug code/line item as a provider liability with no member liability as the member is not liable for any costs related to the actual monoclonal antibody drugs.

Monoclonal Antibodies for COVID 19 and Administration CPT Codes	Medicare Advantage Plans	Commercial Products
Administration		
***M0224** Intravenous injection, pemivibart (PEMGARDA), includes injection and post administration monitoring	Effective 3/22/2024 Covered and Separately Reimbursed *Submit original fee-for-service Medicare	Covered and Separately Reimbursed
M0233 Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, first dose	Effective 4/1/2026 Covered and Separately Reimbursed	Effective 4/1/2026 Covered and Separately Reimbursed
M0234 Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, second dose	Effective 4/1/2026 Covered and Separately Reimbursed	Effective 4/1/2026 Covered and Separately Reimbursed
M0235 Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of covid-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, not otherwise classified, first dose	Effective 10/1/2025 Covered and Separately Reimbursed	Effective 10/1/2025 Covered and Separately Reimburse
M0236 Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of covid-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, not otherwise classified, second dose	Effective 10/1/2025 Covered and Separately Reimbursed	Effective 10/1/2025 Covered and Separately Reimburse
M0237 Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, first dose	Effective 1/24/2025 Covered and Separately Reimbursed	Effective 1/24/2025 Covered and Separately Reimbursed

M0238 Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, second dose	Effective 1/24/2025 Covered and Separately Reimbursed	Effective 1/24/2025 Covered and Separately Reimbursed
M0249 Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	Effective 11/09/20-12/31/21 -Per CMS billing guidelines, submit to Original Medicare Do Not Bill to BCBSRI Effective 1/1/22 - Covered and Separately Reimbursed	Covered and Separately Reimbursed
M0250 Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	Effective 11/09/20-12/31/21 -Per CMS billing guidelines, submit to Original Medicare Do Not Bill to BCBSRI Effective 1/1/22 - Covered and Separately Reimbursed	Covered and Separately Reimbursed
Monoclonal Antibodies		
***Q0224** Injection, pemivibart (PEMGARDA) , 4500 mg	Effective 3/22/2024 Covered and Separately Reimbursed *Submit original fee-for-service Medicare	Covered and Separately Reimbursed
Q0235 Injection, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of covid-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, not otherwise classified, 1 mg	Effective 10/1/2025 Covered and Separately Reimbursed	Effective 10/1/2025 Covered and Separately Reimbursed
Q0237 Injection, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg	Effective 1/24/2025 Covered and Separately Reimbursed	Effective 1/24/2025 Covered and Separately Reimbursed
Q0238 Injection, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg	Effective 4/1/2026 Covered and Separately Reimbursed	Effective 4/1/2026 Covered and Separately Reimbursed

Q0249 Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	Effective 11/09/20-12/31/21 -Per CMS billing guidelines, submit to Original Medicare Do Not Bill to BCBSRI Effective 1/1/22 - Covered and Separately Reimbursed	No reimbursement for claims submitted to BCBSRI for products health care providers receive at no cost
Q5156 Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	Effective 10/1/2025 Covered and Separately Reimbursed	Effective 10/1/2025 Covered and Separately Reimbursed
Antiviral Medication Treatment		
J0248 Injection, remdesivir, 1 mg	Effective 12/23/21 - Covered and Separately Reimbursed	No reimbursement for claims submitted to BCBSRI for products health care providers receive at no cost Covered and Separately Reimbursed when purchased by a healthcare provider.

RELATED POLICIES

Immunization and Vaccinations
COVID-19 Diagnostic Testing After Public Health Emergency

PUBLISHED

Provider Update, April 2026Provider Update, November 2025
Provider Update, October 2025
Provider Update, June 2025
Provider Communication May 3, 2023

REFERENCES:

1. U.S. Centers for Medicare & Medicaid Services. Monoclonal Antibody COVID-19 Infusion. Retrieved 12/6/22/20 from

2. U.S. Food & Drug Administration. Coronavirus (COVID-19) Update: FDA Revokes Emergency Use Authorization for Monoclonal Antibody Bamlanivimab. Retrieved 4/20/21 from

3. MLN Matters: Vaccine Administration National Fee Schedule: April 2026 Update https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-revokes-emergency-use-authorization-monoclonal-antibody-bamlanivimab r13636cp.pdf

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