



January 5, 2022

Web Announcement 2671

Claims Reprocessed for Monoclonal Antibody Injection Codes Q0244 and Q0247 and Infusion Codes M0243, M0245 and M0247

Claims for the Monoclonal antibody injection and infusion procedure codes listed below submitted by the impacted provider types listed below have been reprocessed automatically to adjudicate correctly. Results of the reprocessed claims appear on remittance advices dated January 7, 2022.

The following claims have been reprocessed:

- Claims for infusion codes M0243 (Regeneron intravenous infusion, casirivimab and imdevimab, includes infusion and post administration monitoring) and M0245 (Eli Lilly intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring) with dates of service on or after May 6, 2021, through September 28, 2021, **that paid the incorrect rates**. Rates for codes M0243 and M0245 were updated in the Medicaid Management Information System (MMIS) effective with dates of service on or after September 28, 2021.
- Claims for infusion code M0247 (Glaxo Smith Kline intravenous infusion, sotrovimab, includes infusion and post administration monitoring) and injection code Q0247 (Glaxo Smith Kline injection, sotrovimab, 500 mg) with dates of service on or after May 26, 2021, through September 28, 2021, **that denied**, as these codes were available for billing effective with dates of service on or after May 26, 2021.
- Claims for injection code Q0244 (Regeneron injection, casirivimab and imdevimab, 1200 mg) with dates of service on or after June 3, 2021, through September 28, 2021, **that denied**, as this code was available for billing effective with dates of service on or after June 3, 2021.

Impacted provider types (PTs) who can bill these codes:

- PT 12 – Hospital, Outpatient
- PT 20 – Physician, M.D., Osteopath, D.O.
- PT 24 – Advanced Practice Registered Nurse (APRN)
- PT 77 – Physician’s Assistant

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.