



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
All Provider Bulletin 341
March 2022

TO: All Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth

RE: Coverage of and Payment for the Administration of (1) Tixagevimab Co-Packaged with Cilgavimab, and (2) Bebtelovimab

Background

On December 8, 2021, the U.S. Food and Drug Administration (FDA) granted emergency use authorization (EUA) for Evusheld (tixagevimab co-packaged with cilgavimab) for the pre-exposure prophylaxis of Coronavirus Disease 2019 (COVID-19). MassHealth announced coverage for this in [All Provider Bulletin 336](#). On February 24, 2022, the FDA revised the EUA for tixagevimab co-packaged with cilgavimab to change the initial dose for the authorized use as pre-exposure prophylaxis of COVID-19 in certain adults and pediatric patients. MassHealth will cover tixagevimab co-packaged with cilgavimab consistent with the EUA.

In addition, on February 11, 2022, the FDA granted EUA for monoclonal antibody bebtelovimab for the treatment of COVID-19. Through this bulletin, MassHealth will cover this service consistent with the EUA.

This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) plan, and Primary Care ACOs (PCACOs).

MassHealth Accountable Care Partnership Plans (ACPPs), Managed Care Organizations, Senior Care Organizations (SCOs), One Care plans, and Programs of All-inclusive Care for the Elderly (PACE) must provide plan-covered services to enrollees in an amount, duration, and scope that is no more restrictive than MassHealth fee-for-service coverage for such services, including as set forth in this bulletin.

Coverage of and Payment for the Administration of Tixagevimab Co-Packaged with Cilgavimab for the Pre-Exposure Prophylaxis of COVID-19

Effective for dates of service on or after December 8, 2021, MassHealth covers the administration of tixagevimab co-packaged with cilgavimab by providers enrolled in the MassHealth acute outpatient hospital, community health center, and physician programs for pre-exposure prophylaxis of COVID-19 when the injections are administered in a manner fully compliant with the FDA's EUA. For additional information, please see the FDA's [EUA](#) and its accompanying [Fact Sheet for Healthcare Providers](#).

Previously, the authorized Evusheld dosage was 150 mg of tixagevimab and 150 mg of cilgavimab administered as two separate consecutive intramuscular injections, with repeat doses every six

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months while SARS-CoV-2 remains in circulation. With the EUA revision that occurred on February 24, 2022, the FDA has increased the initial authorized dose to 300 mg of tixagevimab and 300 mg of cilgavimab. Patients who have already received the previously authorized dose (150 mg of tixagevimab and 150 mg of cilgavimab) should receive an additional dose of 150 mg of tixagevimab and 150 mg of cilgavimab as soon as possible to raise their monoclonal antibody levels to those expected for patients receiving the higher dose. MassHealth will pay for follow-up administration for patients who had previously been administered the lower dosage. Rates remains consistent with those described in [All Provider Bullet 336](#).

Coverage of and Payment for the Administration of Bebtelovimab

MassHealth will cover the administration of bebtelovimab by providers enrolled in the MassHealth acute outpatient hospital, community health center, and physician programs when administered in a manner fully compliant with the FDA’s EUA. For additional information, please see the FDA’s [EUA](#) and its accompanying [Fact Sheet for Healthcare Providers](#).

Effective for dates of service on or after February 11, 2022, providers enrolled in the MassHealth acute outpatient hospital, community health center, and physician programs may bill and receive payment for the EUA-compliant administration of bebtelovimab, as described in the table below. MassHealth will issue transmittal letters that formally add these codes to the relevant provider manuals. The Executive Office and Health and Human Services (EOHHS) will formally establish these rates, which are consistent with Medicare, through administrative bulletins or amendments to 101 CMR 446.00: *COVID-19 Payment Rates for Certain Community Health Care Providers*.

Code	Rate	Description	Effective for Dates of Service On or After
Q0222 SL	\$0.00	Injection, bebtelovimab, 175 mg	2/11/2022
M0222	\$350.50	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	2/11/2022
M0223	\$550.50	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	2/11/2022

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Questions

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All Other Provider Types

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