

Important information about reimbursements for monoclonal antibody COVID-19 infusions

Several monoclonal antibody COVID-19 infusions have been found to be ineffective in treating the Omicron variant. As a result, the FDA announced that these products are no longer authorized for the treatment or post-exposure prevention of COVID-19, effective Jan. 24, 2022, and until further notice.

The affected HCPCS codes are: M0240, M0241, M0243, M0244, M0245, M0246, Q0240, Q0243, Q0244 and Q0245.

As a result, we've made the following changes:

- **For commercial coverage:** These codes won't be reimbursable for dates of service on or after April 1, 2022, for members with Blue Cross Blue Shield of Michigan commercial or Blue Care Network commercial coverage.
- **For Medicare Advantage coverage:** In alignment with Medicare coverage requirements for monoclonal antibody treatment for COVID-19, these codes aren't reimbursable for dates of service on or after Jan. 24, 2022, for members with Medicare Plus BlueSM or BCN AdvantageSM coverage. For more information, see the [COVID-19 Vaccines and Monoclonal Antibodies](#)* page on the CMS website.

For the latest information and future changes related to these infusions — including coding and billing information — see the [Monoclonal Antibody COVID-19 Infusion](#)* page on the U.S. Department of Health & Human Services website.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.