

State communication

A message from Louisiana Department of Health

Louisiana Department of Health Informational Bulletin 22-28 Revised**COVID-19 – Commercially Purchased Bebtelovimab Reimbursement (Q0222)***Revisions are underlined. Deleted text indicated by strikethrough.*

Effective for dates of service on and after November 30, 2022, Bebtelovimab is no longer covered by Louisiana Medicaid. The U.S. Food and Drug Administration has announced Bebtelovimab is not currently authorized for emergency use in the United States because it is not expected to neutralize Omicron subvariants BQ.1 and BQ.1.1.

The following applies for dates of service prior to November 30, 2022: Commercial distribution of the COVID-19 treatment medication Bebtelovimab (Q0222) began on August 15, 2022. This is in addition to stock of this medication providers may have that was supplied by the federal government at no cost.

Effective for dates of service on or after August 15, 2022, Louisiana Medicaid will require modifier “UC” to identify that the COVID-19 medication administered was commercially purchased. Providers are to use the same administration codes for both the purchased product and the medication supplied by the federal government.

There are no changes for submitting claims related to the government-supplied medication. If the federal government provided the medication, then no modifier is to be appended and reimbursement is \$0. Seeking reimbursement for the government-provided medication is subject to review, recoupment and further sanctions.

The COVID-19 Vaccine and Treatment fee schedule has been revised to reflect this update. The fee schedule is available on the Medicaid website: https://www.lamedicaid.com/Provweb1/fee_schedules/COVID-19_Fee.htm

For questions related to this information as it pertains to Fee-for-Service Medicaid claims processing, please contact Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040.

Questions regarding managed care claims should be directed to the appropriate managed care organization (MCO).

MCO information: Each MCO shall update their procedure file to revise the appropriate reimbursement rate and effective date for this change within 30 days of the published Medicaid fee schedule changes (Section 17.2.7.3 of the contract). MCOs must recycle any claims that were not paid in accordance with this update within 15 days of their procedure file revisions (Section 17.2.7.3.1 of the contract).

Healthy Blue will update our procedure file within 30 days of the published Medicaid fee schedule changes and recycle impacted claims within 15 days after that.