MONOCLONAL ANTIBODY COVID-19 INFUSION

Applies to: Providers who administer the Monoclonal Antibody COVID-19 Infusion

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MONOCLONAL ANTIBODY COVID-19 INFUSION

The MO HealthNet Division is responding to an outbreak of respiratory disease caused by a novel coronavirus. The virus has been named "severe acute respiratory syndrome coronavirus 2" ("SARS-CoV-2") and the disease it causes has been named "coronavirus disease 2019" ("COVID-19").

The US Food & Drug Administration issued an Emergency Use Authorization (EUA) to permit the emergency use of monoclonal antibody COVID-19 infusions to treat 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. Providers may administer these monoclonal antibody therapies only in settings where they have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS). Providers also are responsible for ensuring monoclonal antibodies are only administered to the appropriate patient and in the appropriate place of service based on the applicable EUA.

While the federal government is paying for the product, the product cost cannot be billed to MO HealthNet. Currently, this applies to most of the COVID-19 monoclonal infusions, except for sotrovimab (procedure code Q0247) and tocilizumab (procedure code Q0249). Sotrovimab is administered in the outpatient setting and the ingredient is reimbursed through the fee-for-service (FFS) pharmacy benefit, providers are required to include the appropriate National Drug Claim (NDC) when submitting a claim. The EUA for tocilizumab for the treatment of COVID-19 is approved for use only in the inpatient setting and is reimbursed as part of the inpatient per diem.

Current covered procedure codes for the administration and post-administration monitoring of these COVID-19 infusions are listed in the table below.

For COVID-19 monoclonal antibodies administered subcutaneously in a pharmacy setting, the procedure code must include the TT modifier.

Procedure Code	Procedure Code Description	Reimbursement Rate	Effective Date
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	$450.00	07/30/21
M0241 (*)	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or 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, subsequent repeat doses	$750.00	07/30/21
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	$450.00 $309.60	05/06/21 11/21/20-05/05/21
M0244 (*)	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this	$750.00	05/06/21

Procedure Code	Procedure Code Description	Reimbursement Rate	Effective Date
	includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency		
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	$450.00 $309.60	05/06/21 02/09/21-05/05/21
M0246 (*)	Intravenous infusion, bamlanivimab and etesevimab, includes infusion 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	$750.00	05/06/21
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	$450.00	05/26/21
M0248 (*)	Intravenous infusion, sotrovimab, includes infusion 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	$750.00	05/26/21
M0249 (**)	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2	$450.00	06/24/21

Procedure Code	Procedure Code Description	Reimbursement Rate	Effective Date
	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		
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	$450.00	06/24/21

(*) Services provided in the home setting must be furnished within the scope of the drug product's FDA EUA and within the provider's scope of practice.

(**) Under the terms of the FDA EUA, providers may only administer tocilizumab to hospitalized patients with severe COVID-19 illness. Given the limited clinical situations allowed, providers should only bill for tocilizumab when provided in the inpatient hospital setting, reimbursement for tocilizumab will be through the per diem.

APPLICABILITY

Managed Care enrolled providers should contact their Managed Care Organization for questions regarding Monoclonal Antibody COVID-19 Infusion.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at http://dss.mo.gov/mhd/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

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Provider Communications Hotline
573-751-2896

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