

The Centers for Medicare & Medicaid Services (CMS) has cast a wide net regarding which entities can provide and bill for COVID-19 treatments. The list includes pharmacies enrolled with the AB MAC (to provide factor products) and pharmacies enrolled in the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) program.

### Enrollment with Medicare to bill for COVID-19 treatments

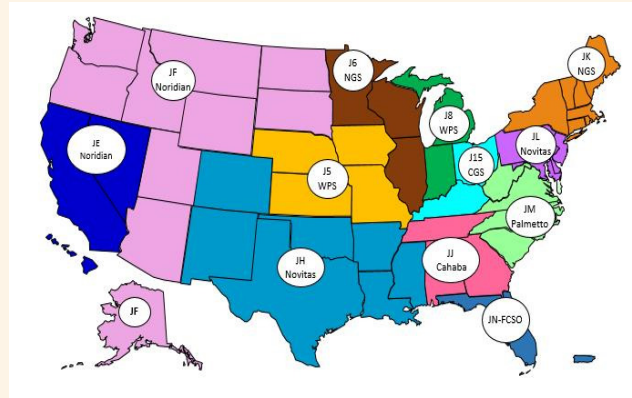
The same guidelines that apply to COVID-19 vaccines apply to COVID-19 monoclonal antibodies. Pharmacies already enrolled with the AB MAC to provide factor products can bill the AB MAC for vaccines and monoclonal antibodies. Pharmacies not currently enrolled with the AB MAC but enrolled in the DMEPOS program can call a hotline\* to enroll with the AB MAC as a mass immunizer, which will allow them to bill for COVID-19 treatments during the public health emergency (PHE).

The physical address of your licensed pharmacy will determine which Jurisdiction you enroll.

**UPDATE:** On 12/16/2020 CMS informed NHIA that enrolled entities can bill for COVID-19 services provided in any area in U.S., across states and MACs.

If enrolled with an A/B MAC as a pharmacy, you will need to update service areas via PECOS.

If enrolled as mass immunizer via the hotline you do not have to take any action.



\*Hotline information: <https://www.cms.gov/files/document/covid-19-mac-webpages-and-hotlines.pdf>

### Codes and rates

### Payment Allowances and Effective Dates for COVID-19 Monoclonal Antibodies and their Administration during the Public Health Emergency:

Code	CPT Short Descriptor	Labeler Name	Vaccine/ Procedure Name	Payment Allowance	Effective Dates
Q0239	bamlanivimab-xxxx	Eli Lilly	Injection, bamlanivimab, 700 mg	\$0.010**	11/10/2020-TBD
M0239	bamlanivimab-xxx infusion	Eli Lilly	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	\$309.60***	11/10/2020-TBD

\*\*Since we anticipate that providers, initially, will not incur a cost for the product, CMS will update the payment allowance at a later date. Providers should not bill for the product if they received it for free.

\*\*\*Medicare will pay a rate of \$309.60 for many providers. These rates will also be geographically adjusted in some cases. Certain settings utilize other payment methodologies, such as payment based on reasonable costs.

Regeneron therapy that was also given an EUA and is billable, but it is not included in the NHIA pilot.

### Claims

Do not include the monoclonal antibody codes on the claim when the product is provided for free.

There is no patient out of pocket for COVID-19 treatments.

### Documentation

You will need the name of the physician that ordered the treatment and also to document that the patient qualifies as high risk per the Emergency Use Authorization (EUA). See page 2.

### Payors

Bill the AB MAC for Medicare FFS and also Medicare Advantage beneficiaries. For non-Medicare patients, contact the payer source to inquire about payment and billing requirements.

### Obtaining an allocation of MABs

Allocation of monoclonal antibodies is managed by the individual states. NHIA has been granted an allocation to pilot whether home infusion providers can support eligible patients in long-term care and assisted living facilities.

For more information about the program, visit <https://www.nhia.org/news/bam-pilot-program>.

This EUA is for the use of the unapproved product (bamlanivimab) for the treatment of mild to moderate COVID-19 in adults and pediatric patients with positive results of direct SARS-CoV-2 viral testing who are 12 years of age and older weighing at least 40 kg, and who are at high risk for progressing to severe COVID-19 and/or hospitalization [see Limitations of Authorized Use].

High risk is defined as patients who meet at least one of the following criteria:

- Have a body mass index (BMI)  $\geq 35$
- Have chronic kidney disease
- Have diabetes
- Have immunosuppressive disease
- Are currently receiving immunosuppressive treatment
- Are  $\geq 65$  years of age
- Are  $\geq 55$  years of age AND have:
  - cardiovascular disease;
  - hypertension;
  - chronic obstructive pulmonary disease/other chronic; OR
  - respiratory disease.
- Are 12 – 17 years of age AND have BMI  $\geq 85$ th percentile for their age and gender based on CDC growth charts OR
- Have sickle cell disease;
- Have congenital or acquired heart disease;
- Have neurodevelopmental disorders, for example, cerebral palsy;
- Have a medical-related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19); OR
- Have asthma, reactive airway, or other chronic respiratory disease that requires daily medication for control.

## References

1. *CMS Monoclonal Antibody COVID-19 Infusion*, <https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion>
2. *Medicare Monoclonal Antibody COVID-19 Infusion Program Instruction*, <https://www.cms.gov/files/document/covid-medicare-mono-clonal-antibody-infusion-program-instruction.pdf>
3. *Enrollment for Administering COVID-19 Vaccine Shots*, <https://www.cms.gov/medicare/covid-19/enrollment-administering-covid-19-vaccine-shots>
4. *Want to Enroll in Medicare to Bill for Administering the COVID-19 Vaccine? Here's how*, <https://www.cms.gov/files/document/covid-19-vaccine-enrollment-scenario-2.pdf>
5. *COVID-19 MAC Webpages and Hotlines*, <https://www.cms.gov/files/document/covid-19-mac-webpages-and-hotlines.pdf>