

COVID-19 Monoclonal Antibody: Coding and Billing Guide

September 21, 2021

***Providers are encouraged to submit request for reimbursement for administration through third party payors, or the HRSA portal for patients that are uninsured or underinsured rather than balance billing the patient to promote equitable access to treatment.**

Monoclonal Antibody Treatment Coding & Billing						
HCPCS Code	HCPCS Short Descriptor	Labeler Name	Vaccine/Procedure N	National Payment Allowance Effective for Claims with DOS on or after 05/6/2021	National Payment Allowance Effective for Claims with DOS through 05/5/2021	Effective Dates
Q0239	Bamlanivimab-xxxx	Eli Lilly	Injection, bamlanivimab, 700 mg	Code not active during this time period	\$0.010	11/10/2020 – 04/16/2021
M0239	Bamlanivimab-xxxx infusion	Eli Lilly	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	Code not active during this time period	\$309.600	11/10/2020 – 04/16/2021
Q0240	Casirivi and imdevi 600mg	Regeneron	Injection, casirivimab and imdevimab, 600 mg	\$0.010	Code not active during this time period	07/30/2021 – TBD
M0240	Casiri and imdev repeat	Regeneron	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	\$450.00	Code not active during this time period	07/30/2021 – TBD

Monoclonal Antibody Treatment Coding & Billing						
HCPCS Code	HCPCS Short Descriptor	Labeler Name	Vaccine/Procedure N	National Payment Allowance Effective for Claims with DOS on or after 05/6/2021	National Payment Allowance Effective for Claims with DOS through 05/5/2021	Effective Dates
M0241	Casiri and imdev repeat hm	Regeneron	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	Code not active during this time period	07/30/2021 – TBD
Q0243	Casirivimab and imdevimab	Regeneron	Injection, casirivimab and imdevimab, 2400 mg	\$0.010	\$0.010	11/21/2020 – TBD
Q0244 ¹ ⁵⁾	Casirivi and imdevi 1200 mg	Regeneron	Injection, casirivimab and imdevimab, 1200 mg	\$0.010	\$0.010	06/03/2021 – TBD

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M0243	Casirivi and imdevi inj	Regeneron	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	\$450.00	\$309.600	11/21/2020 – TBD
M0244	Casirivi and imdevi inj hm	Regeneron	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	\$750.00	Code not active during this time period	05/06/2021 – TBD
Q0245	Bamlanivimab and etesevima	Eli Lilly	Injection, bamlanivimab and etesevimab, 2100 mg	\$0.010	\$0.010	02/09/2021 – TBD

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M0245	Bamlan and etesev infusion	Eli Lilly	intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	\$450.00	\$309.600	02/09/2021 – TBD
M0246	Bamlan and etesev infus home	Eli Lilly	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	Code not active during this time period	05/06/2021 – TBD
Q0247	Sotrovimab	GSK	Injection, sotrovimab, 500 mg	\$2394.00	Code not active during this time period	05/26/2021 – TBD
M0247	Sotrovimab infusion	GSK	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	\$450.00	Code not active during this time period	05/26/2021 – TBD

HRSA ICD-10 coding guidelines

Services or discharges **prior to April 1, 2020**, will be eligible for reimbursement from the HRSA COVID-19 Claims Reimbursement program if the primary diagnosis is B97.29 OR if the primary diagnosis is pregnancy O98.5- and the secondary diagnosis is B97.29.

For dates of service or discharges **on or after April 1, 2020**, providers will use **primary diagnosis U07.1 to indicate COVID-19 is the primary reason for treatment except for pregnancy for which providers will use O98.5- as primary diagnosis and U07.1 as the secondary diagnosis.**

Treatment Codes:

For services related to treatment to be eligible for reimbursement, claims submitted must meet the following criteria:

The COVID-19 diagnosis code must be the primary diagnosis code submitted. The current exceptions are as follows:

- The COVID-19 code may be listed as secondary in the case of pregnancy (O98.5-).
- **Any claim that includes one of the following codes is not eligible for reimbursement: 59812, 59820, 76815.**

COVID-19 diagnosis code **for dates of service or dates of discharge prior to April 1, 2020**

(see recent guidance CMS CR 11764 (PDF) for additional information):

B97.29 - Other coronavirus as the cause of diseases classified elsewhere COVID-19 diagnosis codes.

COVID-19 diagnosis code **for dates of service or dates of discharge on or after April 1, 2020:**

U07.1 - 2019-nCoV acute respiratory disease.

Medicare Payment for Monoclonal COVID-19 Infusion

In order to ensure immediate access during the COVID-19 PHE, Medicare will cover and pay for these infusions in accordance with Section 3713 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). CMS intends to address potential refinements to payment for COVID-19 monoclonal antibody infusions and their administration through future notice and comment rulemaking.

Payment for Infusion

Initially, for the infusion of bamlanivimab, casirivimab and imdevimab (administered together), and bamlanivimab and etesevimab (administered together), the Medicare national average payment rate for the administration will be approximately \$310. This payment rate is based on one hour of infusion and post administration monitoring in the hospital outpatient setting. At a later date, we may use a similar methodology to determine the payment rate for the infusion of additional monoclonal antibody products based on the expected infusion time, consistent with the FDA EUA or FDA approval of such products.

Payment for Product

As noted above, Medicare will not provide payment for the COVID-19 monoclonal antibody products that health care providers receive for free, as will be the case upon the product's initial availability in response to the COVID-19 PHE. If health care providers begin to purchase these monoclonal antibody products, CMS anticipates setting the payment rate in the same way we set the payment rate for COVID-19 vaccines.

Resources:

NC Medicaid Special Bulletin Covid-19 #177

<https://medicaid.ncdhhs.gov/blog/2021/08/31/special-bulletin-covid-19-177-casirivimab-and-imdevimab-approved-emergency-use>

NC Medicaid Special Bulletin Covid-19 #173

<https://medicaid.ncdhhs.gov/blog/2021/07/21/special-bulletin-covid-19-173-sotrovimab-intravenous-infusion-hcpcs-code-q0247-billing-guidelines>

NC Medicaid Special Bulletin Covid-19 #161

<https://medicaid.ncdhhs.gov/blog/2021/03/15/special-bulletin-covid-19-161-billing-administration-mono-clonal-antibodies>

NC Medicaid Special Bulletin Covid-19 # 154

<https://medicaid.ncdhhs.gov/blog/2021/02/02/special-bulletin-covid-19-154-mono-clonal-antibodies-%E2%80%93-billing-guidelines>

COVID-19 Vaccines and Monoclonal Antibodies

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>

