


ISSUE DATE March 22, 2021	EFFECTIVE DATE February 9, 2021	NUMBER 01-21-02, 08-21-03, 31-21-02
SUBJECT Updates to the Medical Assistance Program Fee Schedule for Administration of SARS-CoV-2 Monoclonal Antibody Therapy		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to inform Medical Assistance (MA) providers of the addition of Common Procedural Terminology (CPT) code M0245 to the MA Program Fee Schedule for the administration of unapproved monoclonal antibody therapies for treatment of the novel coronavirus (SARS-CoV-2) in response to the coronavirus disease 2019 (COVID-19) pandemic, effective February 9, 2021.

SCOPE:

This bulletin applies to all physicians, outpatient hospital clinics and independent medical surgical clinics enrolled in the MA Program who administer infusion therapy to MA beneficiaries in MA Fee-for-Service (FFS) delivery system. Providers rendering services in the MA managed care delivery system should address any coding and billing questions to the appropriate managed care organization (MCO).

BACKGROUND/DISCUSSION:

On February 9, 2021, the United States Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the unapproved monoclonal antibody therapy, Bamlanivimab and Etesevimab, administered together, for the treatment of 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. For information on the

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

authorized use, including limitations, for Bamlanivimab and Etesevimab, please review the “Fact Sheet for Health Care Providers EUA of Bamlanivimab and Etesevimab” at the following link: <https://www.fda.gov/media/145802/download>.

In response, the Department of Human Services (Department) added CPT code M0245 to the MA Program Fee Schedule for the administration of Bamlanivimab and Etesevimab, effective for dates of service on and after February 9, 2021.

PROCEDURE:

MA providers in the FFS delivery system should bill the Department for the administration of this monoclonal antibody therapy with CPT code M0245, effective for dates of service on and after February 9, 2021.

Procedure Code	Description	Effective Date	MA Fee
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	2/9/21	\$247.68

Providers may not bill the MA Program for the monoclonal antibody product they receive at no cost, including those purchased by the federal government. MA providers who pay for the products may bill the Department by indicating, on the claim submission form, the appropriate National Drug Code for the product.

Providers may access the online version of the MA Program Fee Schedule under the Department’s website at: <https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>.

ATTACHMENT

Updates to the Medical Assistance Program Fee Schedule: Procedure Codes for the Administration of SARS-CoV-2 Monoclonal Antibody Product, Effective for dates of service on and after February 9, 2021

**Updates to the Medical Assistance Program Fee Schedule: Procedure Codes for the Administration of SARS-CoV-2 Monoclonal Antibody Product,
Effective for dates of service on and after February 9, 2021**

Procedure Code	National Code Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier	MA Fee	Prior Authorization Required	Limits
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	1	17	23		\$247.68	No	once per day
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	1	183	22		\$247.68	No	once per day
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	8	82	49		\$247.68	No	once per day
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	31	All	11, 23, 31, 32 99		\$247.68	No	once per day