


ISSUE DATE March 25, 2021	EFFECTIVE DATE November 9, 2020	NUMBER 01-20-61, 08-20-64, 31-20-61
SUBJECT Addition 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) codes M0239 and M0243 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 November 9, 2020, and November 21, 2020, respectively.

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 delivery system (FFS). 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 November 9, 2020, the U.S. Food and Drug Administration (FDA) granted an Emergency Use Authorization (EUA) for the unapproved monoclonal antibody therapy Bamlanivimab for the treatment of mild to moderate COVID-19 in adults and pediatric patients with positive COVID-19 test results, and who are at high risk for progressing to severe COVID-19 and/or hospitalization. For information on the authorized use, including limitations, please

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>.

review the “Fact Sheet for Health Care Providers EUA of Bamlanivimab” at the following link: <https://www.fda.gov/media/143603/download>.

On November 21, 2020, the FDA issued an EUA for the unapproved monoclonal antibody therapy, Casirivimab and Imdevimab, 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 authorized use, including limitations, for Casirivimab and Imdevimab, please review the “Fact Sheet for Health Care Providers EUA of Casirivimab and Imdevimab” at the following link: <https://www.fda.gov/media/143892/download>.

In response, the Department of Human Services (Department) added CPT code M0239 to the MA Program Fee Schedule for the administration of Bamlanivimab, effective for dates of service on and after November 9, 2020, and CPT code M0243 for the administration of Casirivimab and Imdevimab, effective for dates of services on and after November 21, 2020.

PROCEDURE:

MA providers in the FFS delivery system should bill the Department for the administration of monoclonal antibody therapies with CPT codes M0239 and M0243, effective for dates of service as indicated below.

Procedure Code	Description	Effective Date	MA Fee
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	11/9/20	\$247.68
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	11/21/20	\$247.68

Providers may not bill the MA Program for the monoclonal antibody products 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

Addition 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 November 9, 2020

**Addition 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 November 9, 2020**

Procedure Code	National Code Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier	MA Fee	Prior Authorization Required	Limits
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	1	17	23		\$247.68	No	once per day
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	1	183	22		\$247.68	No	once per day
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	8	82	49		\$247.68	No	once per day
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	31	All	11, 23, 31, 32 99		\$247.68	No	once per day
M0243	intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	1	17	23		\$247.68	No	once per day
M0243	intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	1	183	22		\$247.68	No	once per day
M0243	intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	8	82	49		\$247.68	No	once per day
M0243	intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	31	All	11, 23, 31, 32, 99		\$247.68	No	once per day