

# Apple Health (Medicaid) Monoclonal Antibody Treatment for COVID-19 clinical policy

In this time of the COVID-19 pandemic, the Health Care Authority is aware that usual and customary ways of providing and billing/reporting services may not be feasible. It is also understood that different providers will have different capabilities. Therefore, in the interest of public health, HCA’s Apple Health (Medicaid) program is trying to be as flexible as possible and is creating new policies that will allow you to provide medically necessary services and bill or report the encounter with the most appropriate code you determine applicable, using the guidance below.

## Monoclonal Antibody Treatment for COVID-19 Clinical Policy

The following policy applies to fee-for-service (FFS) and HCA-contracted managed care organizations (MCO).

### Cost

Please see the COVID-19 fee schedule. Some of the monoclonal antibody products have been purchased by the [federal government](#) and are being provided free of charge. The [Washington State Department of Health](#) is allocating doses to facilities that abide by their requirements.

### Providers

Please see the [Monoclonal Antibody Treatment for COVID-19](#) (Medical policy no. 19.50.20)

## Reimbursement information and billing guidance

The monoclonal antibody and their specific administration codes listed in the table below, are covered by Apple Health (Medicaid) for the treatment of COVID-19.

When COVID-19 monoclonal antibody doses are provided by the government without charge, providers should only bill for the administration. Health care providers should not include the COVID-19 monoclonal antibody codes on the claim when the product is provided for free.

Please see the [COVID-19 fee schedule](#) for rates and effective dates.

Code	Short Description	Labeler name	Vaccine /Procedure Name
Q0240	Casirivi and imdevi 600mg	Regeneron	Injection, casirivimab and imdevimab, 600 mg
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
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

Q0243	casirivimab and imdevimab	Regeneron	Injection, casirivimab and imdevimab, 2400 mg
M0243	casirivi and imdevi infusion	Regeneron	intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring
M0244	Casirivi and imdevi infus hm	Regeneron	Intravenous infusion, casirivimab and imdevimab 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
Q0245	bamlanivimab and etesevima	Eli Lilly	Injection, bamlanivimab and etesevima, 2100 mg
M0245	bamlan and etesev infusion	Eli Lilly	intravenous infusion, bamlanivimab and etesevima, includes infusion and post administration monitoring
M0246	bamlan and etesev infusion	Eli Lilly	Intravenous infusion, bamlanivimab and etesevima, 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.
Q0247	Sotrovimab	GSK	Injection, sotrovimab, 500 mg
M0247	Sotrovimab infusion	GSK	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring
M0248	Sotrovimab inf, home admin	GSK	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
Q0249	Tocilizumab for COVID-19	Genentech	Injection, 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, 1 mg
M0249	Adm Tocilizu COVID-19 1st	Genentech	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, first dose
M0250	Adm Tocilizu COVID-19 2nd	Genentech	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

## Outpatient hospital facility

CMS established modifier "PN" (Non-expected service provided at an off-campus, outpatient, provider-based department of a hospital) to identify and pay non-expected items and services billed on an institutional claim. For Monoclonal antibody treatment, non-expected off-campus provider-based departments of a hospital are required to report this modifier on each claim line with a HCPCS for non-expected items and services.

As of 1/1/21 claims billed with the PN modifier are paid at 46% EAPG rates.

Providers are subject to post pay review. If it found that modifier PN should have been used at the time of billing, recoupment of payment may occur.

## Documentation

Healthcare providers must document in the patient's medical record that the patient/caregiver has been:

- Given the the appropriate fact sheet:
  - [Patients, Parents and Caregivers Emergency Use Authorization of Casirivimab plus Imdevimab](#)
  - [Patients, Parents and Caregivers Emergency Use Authorization of Bamlanivimab and Etesevimab](#)
  - [Patients, Parents and Caregivers Emergency Use Authorization of Tocilizumab](#)
  - [Patients, Parents and Caregivers Emergency Use Authorization of Sotrovimab](#)
- Informed of alternatives to receiving these medications, and
- Informed that these medications are unapproved drugs that are authorized for use under Emergency Use Authorization.