

## COVID-19 Monoclonal Antibody Coverage and Claim Coding in Skilled Nursing Facilities

Monoclonal antibody products to treat Coronavirus disease 2019 (COVID-19) help the body fight the virus or slow the virus's growth. As summarized in a December 2020 CMS therapeutics coverage [infographic](#), Medicare beneficiaries have coverage without beneficiary cost sharing for these products when used as authorized or approved by the Food and Drug Administration (FDA).

### Key Coverage Facts Specific to SNF Residents Include:

1. CMS has approved coverage of monoclonal antibody treatment for COVID-19 for residents in a SNF. Medicare will cover and pay for these infusions the same way it covers and pays for COVID-19 vaccines:
  - Services must be furnished within the scope of the product's FDA authorization or approval and within the provider's scope of practice;
  - Medicare will not pay for the monoclonal antibody products that providers receive for free. Medicare will pay the provider for these monoclonal antibody products when they are purchased by the provider. If providers begin to purchase monoclonal antibody products, Medicare anticipates setting the payment rate for the product, which will be 95% of the average wholesale price for many health care providers, consistent with usual vaccine payment methodologies;
  - Medicare pays for the administration of monoclonal antibody products to treat COVID-19. For example, Medicare will pay a national average of approximately \$310 for the administration of certain monoclonal antibody products; and
  - People with Medicare pay no cost sharing for these COVID-19 monoclonal antibody infusion therapy products;
    - No copayment/coinsurance; and
    - No deductible
2. The following monoclonal antibody treatments are currently covered under Medicare:
  - **Bamlanivimab** - On November 9, 2020, the U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for the investigational monoclonal antibody therapy, bamlanivimab, 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. The EUA Fact Sheet is [here](#).
  - **Casirivimab and Imdevimab** - On December 3, the FDA issued an additional EUA for the investigational 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. The EUA

Fact Sheet regarding the limitations of authorized use when administered together is [here](#).

- Whether a provider administers **Bamlanivimab** or the combination of **Casirivimab and Imdevimab**, these may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the Emergency Medical System (EMS), as necessary.
  - Should there be additional products that come to market, the most up-to-date list of billing codes, payment allowances and effective dates can be found [here](#).
3. CMS is using enforcement discretion of SNF consolidated billing requirements so that all such treatments to SNF residents during the PHE can be paid under Medicare Part B (i.e. the services can be billed separately under Part B during a Part A covered stay);
- To the SNF if the SNF is enrolled as a Medicare immunizer and furnishes the services directly to the resident during a part A stay or a long stay resident; or
  - To the SNF if the SNF has an arrangement with an outside entity that is enrolled as a Medicare immunizer and furnishes the services to the resident during a part A stay or a long stay resident; or
  - To other Medicare enrolled immunizers who are not under arrangement with the SNF who vaccinate Medicare SNF residents during a part A stay or a long stay resident.
  - Health care providers, including SNF, administering this monoclonal antibody infusion will follow the same enrollment process as those administering COVID-19 vaccines.
  - The duration of this policy applies;
    - During the PHE and ending on the last day of the calendar quarter in which the last day of such emergency period occurs; or
    - So long as CMS determines that there is a public health need for mass COVID-19 vaccinations in congregate care settings—whichever is later.

### **CMS Billing Guidance:**

- See the December 3, 2020 update to the CMS [Program Instruction](#) for currently available coding and rate information.
- See Section BB of the CMS *COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing* updated on December 8, 2020.

AHCA will disseminate further guidance from CMS as it becomes available. Questions related to this topic may be submitted to [covid19@ahca.org](mailto:covid19@ahca.org).