

Monoclonal Antibodies for Skilled Nursing Facilities

Why SNFs Should Know About mAbs

- In November, 2020, the FDA approved two emergency use authorizations for Monoclonal Antibody (mAb) Treatment for high-risk COVID-19 positive patients with mild or moderate symptoms.
- Medicare immunizers, including SNFs, are eligible to administer and be reimbursed for this treatment under Medicare Part B, even if the resident is skilled
- Residents in long term care are considered to be in the home and the higher reimbursement is applied.
- Target populations of eligible mAb treatment are the residents of Skilled Nursing Facilities and Assisted Living Facilities.

Reimbursement for mAbs

- Reimbursement Rate: \$414.93 for Skilled Patients
\$ 692.15 for residents under long term care
- LTC pharmacy Dispensing/Compounding: ~\$140
- Excluded from SNF Consolidated billing
- Administration Time: 1 hour observation, 16-60 minutes administration
- Medicare advantage patients billed directly to Medicare through December 31, 2021. Bill directly to Medicare advantage beginning January 1, 2022
- Commercial/Medicaid billed to insurance
- No cost-sharing
- Roster billing available for clinics, also UB-04

Billing for mAbs

Type of Bill	22X- Skilled Part A Resident 23X- Long Term Care Resident
Revenue Code	0771 Vaccine Administration 0636 Pharmacy Drugs
HCPCS Code	Dependent on infusion type, see next slide
Required Condition Codes	A6- 100% payment 78- New Coverage for Medicare Advantage (Bill for Medicare Advantage recipients only for dates of service through December 31, 2021. Starting January 1, 2022, bill Medicare Advantage directly.)
Diagnosis Codes	Z23- Encounter for immunization U071
Reimbursement for Ohio	\$414.93 for Skilled Patients \$ 692.15 for residents under long term care

Infusions and Codes

Infusion	Drug Code	Administration Code
Regeneron Casirivimab and imdevimab 600 mg	Q0240	M0240 (M0242 LTC)
Regeneron Casirivimab and imdevimab 1200 mg	Q0244	M0243 (M0244 LTC)
Regeneron Casirivimab and imdevimab 2400 mg	Q0243	M0243 (M0244 LTC)
Eli Lilly Bamlaniviman and Etesevimab	Q0245	M0245 (M0246 LTC)
GlaxoSmithKline Sotrovimab	Q0247	M0247 (M0248 LTC)

Place of Service

Skilled Nursing Facility

Assisted Living Facility

Outpatient infusion clinics at hospital locations

Documentation Requirements

- CMS expects that health care providers will maintain appropriate medical documentation that supports the medical necessity of the service. This includes documentation that supports that the terms of the applicable EUA are met, including that it is being used for the treatment of mild to moderate coronavirus disease 2019 (COVID-19) for a patient that is at high risk for progressing to severe COVID-19 and/or hospitalization.
- The documentation should also include the name of the practitioner who ordered or made the decision to administer the infusion, even in cases where claims for these services are submitted on roster bills.

Resources

- CMS SNF Enforcement Discretion Related to Certain Pharmacy Billing
<https://www.cms.gov/medicare/covid-19/snf-enforcement-discretion-relating-certain-pharmacy-billing>
- CMS Monoclonal Antibody COVID-19 Infusion
<https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion>
- CMS COVID-19 Vaccines and Monoclonal Antibodies
<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>