November 1, 2021

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2021-31

Applicable to the **2018-2023 SMMC contract benefits** for:
- ☒ Managed Medical Assistance (MMA) and MMA Specialty
- ☐ Long-Term Care (LTC)
- ☐ Dental

Re: Monoclonal Antibody COVID-19 Infusion

The Agency remains committed to ensuring enrollees diagnosed with the 2019 novel coronavirus (COVID-19) receive all the care needed to address their symptoms. As such, Florida Medicaid will continue to cover all medically necessary services to facilitate prevention and treatment of COVID-19, including **Monoclonal Antibody COVID-19 Infusion.** The purpose of this policy transmittal is to provide the billing details for Monoclonal Antibody COVID-19 Infusion.

Monoclonal Antibody COVID-19 Infusion received an Emergency Use Authorization (EUA) from the Food and Drug Administration. **Monoclonal Antibody COVID-19 Infusion must be provided in accordance with the EUA and CMS guidelines.** Florida Medicaid does not reimburse for home infusion.

The managed care plan must complete all necessary system programming for claims processing of the Monoclonal Antibody COVID-19 Infusion Healthcare Common Procedure Coding System (HCPCS) codes by November 30, 2021 and reprocess applicable claims paid during their effective dates within thirty (30) days of the pricing system update. The Florida Medicaid fee-for-service delivery system will reimburse for Monoclonal Antibody COVID-19 Infusions in accordance with the following rate information.

HCPCS Code	HCPCS Short Descriptor	Labeler Name	Effective Dates	Medicaid Fee for Service Rate for Dates of Service From The Beginning Effective Date Through 05/05/2021	Medicaid Fee for Service Rate for Dates of Service On or After 05/06/2021
Q0239	Bamlanivimab 700mg	Eli Lilly	11/10/2020 – 4/16/2021	*N/A	Code inactive
M0239	Bamlanivimab 700mg Infusion	Eli Lilly	11/10/2020 – 04/16/2021	***$185.76	Code inactive

HCPCS Code	HCPCS Short Descriptor	Labeler Name	Effective Dates	Medicaid Fee for Service Rate for Dates of Service From The Beginning Effective Date Through 05/05/2021	Medicaid Fee for Service Rate for Dates of Service On or After 05/06/2021
Q0240	Casirivimab 300mg and imdevimab 300mg (600mg)	Regeneron	07/30/2021 – TBD	Code not active during this time period	*N/A
M0240	Casirivimab and imdevimab Infusion Repeat	Regeneron	07/30/2021 – TBD	Code not active during this time period	***$270.00
Q0243	Casirivimab 1200mg and imdevimab 1200mg (2400mg)	Regeneron	11/21/2020 – TBD	*N/A	*N/A
M0243	Casirivimab and imdevimab Infusion	Regeneron	11/21/2020 – TBD	***$185.76	***$270.00
Q0244	Casirivimab 600mg and imdevimab 600mg (1200mg)	Regeneron	06/03/2021 – TBD	Code not active during this time period	*N/A
Q0245	Bamlanivimab 700mg and etesevimab 1400mg (2100mg)	Eli Lilly	02/09/2021-TBD	*N/A	*N/A
M0245	Bamlanivimab and etesevimab Infusion	Eli Lilly	02/09/2021-TBD	***$185.76	***$270.00
Q0247	Sotrovimab 500mg	GSK	05/26/2021 – TBD	Code not active during this time period	**Priced per Rule 59G-4.251, F.A.C.
M0247	Sotrovimab Infusion	GSK	05/26/2021 – TBD	Code not active during this time period	***$270.00
Q0249	Tocilizumab 1mg for COVID-19	Genentech	06/24/2021 - TBA	Code not active during this time period	**Priced per Rule 59G-4.251, F.A.C.
M0249	Admin Tocilizumab 1mg COVID-19 1st Dose	Genentech	06/24/2021 - TBA	Code not active during this time period	***$270.00

HCPCS Code	HCPCS Short Descriptor	Labeler Name	Effective Dates	Medicaid Fee for Service Rate for Dates of Service From The Beginning Effective Date Through 05/05/2021	Medicaid Fee for Service Rate for Dates of Service On or After 05/06/2021
M0250	Admin Tocilizumab 1mg COVID-19 2nd Dose	Genentech	06/24/2021 - TBA	Code not active during this time period	***$270.00

  *Rates with an N/A are supplied Federally at no cost.
  **Priced in accordance with Rule 59G-4.251, Florida Administrative Code (F.A.C.).
  ***Administration services are reimbursed at 80% of the maximum fee when performed by an advanced practice registered nurse (APRN) or physician's assistant (PA).

The Fee Schedule Lookup Tool is available on the Medicaid Fiscal Agent website http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_ProviderSupport/Provider_ProviderSupport_FeeSchedules/tabId/51/Default.aspx, for use by providers, health plans, and other stakeholders. The Fee Schedule Look-up Tool allows the user to enter a HCPCS/CPT code to determine the reimbursement rate for a specific date of service.

If you have questions, contact your Agency contract manager at (850) 412-4004.

Sincerely,

Tom Wallace
Deputy Secretary for Medicaid

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