



MassHealth
All Provider Bulletin 318
June 2021

TO: All Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Update about Monoclonal Antibody Treatment for Coronavirus Disease 2019 (COVID-19)

Background

This bulletin, which supplements and updates [All Provider Bulletins 304](#) and [312](#), provides an update to the payment provisions for monoclonal antibody treatment for COVID-19 described in those bulletins. It also notes that the U.S. Food and Drug Administration (FDA) withdrew emergency use authorization for a previously approved monoclonal antibody treatment that is no longer a covered service for MassHealth members. Finally, the FDA granted emergency use authorization for monoclonal antibody therapy sotrovimab effective May 26, 2021, and MassHealth will cover this service.

This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, or a Primary Care Accountable Care Organization (ACO). Information about coverage through MassHealth Managed Care Entities (MCEs) and the Program for All-inclusive Care for the Elderly (PACE) will be included in a forthcoming MCE bulletin.

Updated Payment for Administration of Monoclonal Antibody Products

Effective for dates of service on or after May 6, 2021, providers enrolled in the MassHealth acute outpatient hospital (AOH), community health center (CHC), and physician programs may bill and receive payment for administering monoclonal antibody products used to treat COVID-19 as described in the table below. These rates, which are consistent with Medicare, will be formally established through amendments to 101 CMR 446.00: *COVID-19 Payment Rates for Certain Community Health Care Providers*.

Code	Allowable Fee	Description of Code
Q0243 SL	\$0.00	Injection, casirivimab and imdevimab, 2400 mg
Mo243	\$450.00	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring
Mo244	\$750.00	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring in the home or residence

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Code	Allowable Fee	Description of Code
Q0245 SL	\$0.00	Injection, bamlanivimab and etesevimab, 2100 mg
M0245	\$450.00	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring
M0246	\$750.00	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence

The modifier “SL” indicates state-supplied vaccine or antibodies. This modifier is to be applied to codes to identify administration of vaccines or antibodies provided at no cost, whether by the Massachusetts DPH, another federal, state, or local agency, or a manufacturer. If providers receive the antibodies from one of these sources at no cost, they must bill the code for the antibodies themselves, with modifier SL, and the codes for intravenous infusion of the antibodies. MassHealth will pay \$0 for antibodies billed with the modifier SL, and will pay the rates listed above for the intravenous infusion of the antibodies.

Update to Covered Monoclonal Antibody Products

On April 16, 2021, the FDA withdrew emergency use authorization for bamlanivimab alone as treatment for COVID-19. MassHealth will not pay for codes Q0239 SL and M0239 billed for dates of service on or after April 16, 2021.

The FDA granted emergency use authorization for monoclonal antibody therapy sotrovimab effective May 26, 2021. MassHealth will cover this service, and anticipates formally establishing rates consistent with Medicare once Medicare’s rates are available.

MassHealth Website

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Questions

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)
Email: support@masshealthltss.com
Portal: [MassHealthLTSS.com](https://www.masshealthltss.com)

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Mail: MassHealth LTSS
PO Box 159108
Boston, MA 02215
Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900; TTY: (800) 497-4648
Email: providersupport@mahealth.net
Fax: (617) 988-8974