



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
All Provider Bulletin 326
September 2021

TO: All Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

RE: Coverage for Monoclonal Antibodies for Treatment and Post-Exposure Prophylaxis for Coronavirus Disease 2019 (COVID-19)

Background

This bulletin, which supplements and updates [All Provider Bulletins 304, 312, and 318](#), updates the coverage and payment provisions for monoclonal antibodies for treatment and post-exposure prophylaxis for COVID-19. The U.S. Food and Drug Administration (FDA) amended the emergency use authorization (EUA) for monoclonal antibody REGEN-COV™ (casirivimab and imdevimab) to cover post-exposure prophylaxis for individuals who meet certain listed requirements. MassHealth will cover post-exposure prophylaxis consistent with the EUA. MassHealth will add coverage for new codes for repeat dosing for casirivimab and imdevimab for post-exposure prophylaxis, as well as update existing code descriptions to reflect that casirivimab and imdevimab may also be administered via subcutaneous injection.

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.

Post-Exposure Prophylaxis

Consistent with the EUA, MassHealth covers the administration of casirivimab and imdevimab by eligible providers for post-exposure prophylaxis of COVID-19 in individuals who are at high risk for progression to severe COVID-19, including hospitalization or death, and:

- are not fully vaccinated, or who are not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination (for example, individuals with immunocompromising conditions, including those taking immunosuppressive medications); and
- have been exposed to an individual infected with SARS-CoV-2 consistent with close contact criteria per Centers for Disease Control and Prevention (CDC) guidance; **or**
- who are at high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of SARS-CoV-2 infection in other individuals in the same institutional setting (for example, nursing homes or prisons).

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For patients who meet the criteria for repeat dosing, the authorized dosage under the EUA is an initial dose of 1200 mg, followed by subsequent repeat dosing of 600 mg once every 4 weeks for the duration of ongoing exposure. Providers and suppliers administering casirivimab and imdevimab for post-exposure prophylaxis should use codes M0243 or M0244 for administering the first dose, and codes M0240 or M0241 for administering subsequent repeat doses. Descriptions and rates for these codes are included below.

MassHealth Coverage and Rates

Effective for dates of service on or after July 30, 2021, providers enrolled in the MassHealth acute outpatient hospital (AOH), community health center (CHC), and physician programs may bill and receive payment for administering casirivimab and imdevimab as described in the table below. These rates, which are consistent with Medicare, will be formally established through administrative bulletins or amendments to 101 CMR 446.00: *COVID-19 Payment Rates for Certain Community Health Care Providers*.

Code	Rate	Description	Effective for Dates of Service On or After
Q0240SL	\$0.00	Injection, casirivimab and imdevimab, 600 mg	07/30/2021
M0240	\$450.00	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	07/30/2021
M0241	\$750.00	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	07/30/2021

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In addition, EOHHS is updating the descriptions for the following codes to match the current Healthcare Common Procedure Coding System (HCPCS) code descriptions reflecting that casirivimab and imdevimab may be administered through a subcutaneous injection as well as intravenous infusion. Rates are not changing.

Code	Rate	Description	Effective for Dates of Service On or After
Mo243	\$450.00	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	05/06/2021
Mo244	\$750.00	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	05/06/2021

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Portal: [MassHealthLTSS.com](https://www.masshealthltss.com)

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