



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

MassHealth
All Provider Bulletin - 344
May 2022

TO: All Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth

RE: Update Concerning Coverage of and Payment for the Administration of (1) Remdesivir in an Outpatient Setting (2) COVID-19 Vaccines; and (3) Rapid Antigen Testing for COVID-19 for MassHealth Limited Members

Background

This bulletin supplements [All Provider Bulletin 330](#), [All Provider Bulletin 336](#), and [All Provider Bulletin 337](#). All Provider Bulletin 330 describes coverage for COVID-19 vaccines and monoclonal antibody treatment. All Provider Bulletin 336 describes coverage for administration of Remdesivir in an Outpatient Setting. All Provider Bulletin 337 describes coverage for over-the-counter (OTC) diagnostic SARS-CoV-2 antigen tests for home use.

This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) plan, and Primary Care ACOs (PCACOs). MassHealth Accountable Care Partnership Plans (ACPPs), Managed Care Organizations, Senior Care Organizations (SCOs), One Care plans, and Programs of All-inclusive Care for the Elderly (PACE) must provide plan-covered services to enrollees in an amount, duration, and scope that is no more restrictive than MassHealth fee-for-service coverage for such services, including as set forth in this bulletin. This bulletin also applies for MassHealth Limited members.

Coverage of and Payment for the Administration of Remdesivir in an Outpatient Setting

As described in All-Provider Bulletin 336, effective for dates of service on or after December 22, 2021, MassHealth will reimburse MassHealth-enrolled acute outpatient hospitals, community health centers, and physicians for the administration of Remdesivir (Veklury) in an outpatient setting. MassHealth will reimburse for Remdesivir administered in accordance with its Food and Drug Administration (FDA)-approved [label](#), as well as any emergency use authorization (EUA) for the period when active such EUA was in effect. The FDA granted approval on April 25, 2022 for the treatment of pediatric patients 28 days of age and older and weighing at least 3 kg who are hospitalized or have mild-to-moderate COVID-19 and are at high risk for progression to severe COVID-19, including hospitalization or death. This approval follows the recent approval for the treatment of non-hospitalized adult and adolescent patients who are hospitalized or at high risk of progression to severe COVID-19.

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Providers administering Remdesivir pursuant to this bulletin should bill MassHealth using existing HCPCS code J3490 for dates of service before April 1, 2022. Effective for dates of service on or after April 1, 2022, providers should bill using code HCPCS code J0248, Injection, remdesivir, 1 mg. Providers should report units to reflect the dosage administered for each patient. The Executive Office and Health and Human Services (EOHHS) anticipates paying a maximum price per unit of \$5.51. Standard IV infusion administration reimbursement rates will be applied.

MassHealth will issue transmittal letters that formally add code J0248 to the relevant provider manuals and EOHHS will formally codify these rates, which are consistent with Medicare rates, through administrative bulletins or amendments to EOHHS rate regulations, as appropriate. MassHealth will pay MassHealth-enrolled acute outpatient hospitals administering Remdesivir pursuant to this bulletin in accordance with the Rate Year 2022 Acute Hospital Request for Applications and Contract, as amended.

Rate and Coverage for COVID-19 Vaccine Administration

Effective for the dates of service on or after March 29, 2022, eligible providers may bill and receive payment for vaccine administration at the rates identified below for these new codes. Rates and billing codes will be formally codified through administrative bulletin or amendments to EOHHS rate regulations as appropriate.

Code	Rate	Description	Effective for Dates of Service on or After
91309 SL	\$0.00	Moderna COVID-19 Vaccine (Blue Cap) 50MCG/0.5ML (Booster)	3/29/2022
0094A	\$45.87	Moderna COVID-19 Vaccine (Blue Cap) 50MCG/0.5ML Administration - Booster	3/29/2022

MassHealth Pharmacy Coverage of At-Home Antigen Test Kits for MassHealth Limited Members

MassHealth All Provider Bulletin 337 described coverage for specified OTC diagnostic SARS-CoV-2 antigen tests. Test kits are covered without prior authorization within the quantity limit of eight test kits per member per month. Note that test kits may be packaged individually or with multiple test kits in one package; the limit without prior authorization is eight test kits per member per month, regardless of how they are packaged (e.g., four packages containing two test kits or eight packages containing one test kit are covered without prior authorization). Coverage of additional test kits exceeding the quantity limit described above requires prior authorization. Such requests are reviewed by MassHealth on a case-by-case basis

This bulletin clarifies that this coverage applies for MassHealth Limited members as well.

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