

## How to Bill for Payment for Administration of COVID-19 Monoclonal Antibody Products

**AS A NURSING FACILITY ADD-ON CODE USING CODES Q0239-SL, M0239, Q0243-SL, M0243**

### Payment for COVID-19 Monoclonal Antibody Product Infusion

Beginning January 25, 2021, providers enrolled in the MassHealth Nursing Facility program may bill and receive payment for the administration of monoclonal antibody products at the rates identified below.

Code	Allowable Fee	Description of Code	Effective for Dates of Service On or After
Q0239 SL	\$0.00	Injection, bamlanivimab, 700 mg	11/10/2020
M0239	\$309.60	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	11/10/2020
Q0243 SL	\$0.00	Injection, casirivimab and imdevimab, 2400 mg	11/21/2020
M0243	\$309.60	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	11/21/2020

As noted above, 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 Department of Public Health; another federal, state, or local agency; or a manufacturer. If providers receive the antibodies from one of these sources at no cost, providers 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 the rates listed above for the intravenous infusion of the antibodies.

### **BILL SERVICES IN A NURSING FACILITY USING AN INSTITUTIONAL 837I OUTPATIENT CLAIM**

USE REVENUE CODE **022x Special Charges; 0220 General Classification**  
WITH THE APPROPRIATE HCPCS CODE **Q0239-SL and M0239 or Q0243-SL and M0243**

MUST INDICATE ATTENDING PROVIDER

<b>Attending Phys Last Name</b> <input type="text" value="HUGHES"/>	<b>Attending Phys First Name</b> <input type="text" value="MICHELLE"/>
<b>Attending Phys NPI</b> <input type="text" value="1134135759"/>	

TYPE OF BILL 231

Image from page 145 of the 837I Guide annotated to instruct billers to use Type of Bill Code 231

ASC X12N • INSURANCE SUBCOMMITTEE  
TECHNICAL REPORT • TYPE 3

005010X223 • 837 • 2300 • CLM  
CLAIM INFORMATION

**REQUIRED** CLM05 C023 **HEALTH CARE SERVICE LOCATION INFORMATION** O 1  
To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered

**REQUIRED** CLM05 - 1 **1331 Facility Code Value** M AN 1/2  
Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.

**IMPLEMENTATION NAME: Facility Type Code**

**REQUIRED** CLM05 - 2 **1332 Facility Code Qualifier** O ID 1/2  
Code identifying the type of facility referenced  
**SEMANTIC:**  
C023-02 qualifies C023-01 and C023-03.

CODE DEFINITION

**A Uniform Billing Claim Form Bill Type**  
CODE SOURCE 236: Uniform Billing Claim Form Bill Type

**REQUIRED** CLM05 - 3 **1325 Claim Frequency Type Code** O ID 1/1  
Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type



**IMPLEMENTATION NAME: Claim Frequency Code**

CODE SOURCE 235: Claim Frequency Type Code

Image from page 284 of the 837I Guide, annotated to instruct billers on the use of Value Code 24

**ELEMENT DETAIL**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HI01	C022	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.	M 1
REQUIRED	HI01 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.	M ID 1/3
			<b>CODE</b>	<b>DEFINITION</b>
			BE	<b>Value</b> CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI01 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.	M AN 1/30
			<b>IMPLEMENTATION NAME: Value Code</b>	

ENTER VALUE  
CODE 24

REVENUE AND HCPCS CODE

Image from pages 424, 425 and 426 of the 837I Guide annotated to instruct billers on the use of Revenue Code 220 and corresponding HCPCS codes


005010X223 • 837 • 2400 • SV2  
INSTITUTIONAL SERVICE LINE


ASC X12N • INSURANCE SUBCOMMITTEE  
TECHNICAL REPORT • TYPE 3

**ELEMENT DETAIL**

USAGE	REF. DES	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SV201	234	<b>Product/Service ID</b> Identifying number for a product or service  SYNTAX: R0102  SEMANTIC: SV201 is the revenue code.	X 1 AN 1/48
				
IMPLEMENTATION NAME: <b>Service Line Revenue Code</b>				
See Code Source 132: National Uniform Billing Committee (NUBC) Codes.				

REQUIRED	SV202 - 1	235	<b>Product/Service ID Qualifier</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234)  SEMANTIC: C003-01 qualifies C003-02 and C003-08.	M ID 2/2
IMPLEMENTATION NAME: <b>Product or Service ID Qualifier</b>				
<div style="border: 1px solid red; padding: 2px; display: inline-block;">HC</div> <b>Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes</b> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC. CODE SOURCE 130: Healthcare Common Procedural Coding System				

REQUIRED	SV202 - 2	234	<b>Product/Service ID</b> Identifying number for a product or service  SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs.	M AN 1/48
IMPLEMENTATION NAME: <b>Procedure Code</b>				
				

REQUIRED	SV203	782	<b>Monetary Amount</b> Monetary amount  SEMANTIC: SV203 is the submitted service line item amount.	O 1 R 1/18
IMPLEMENTATION NAME: <b>Line Item Charge Amount</b>				
This is the total charge amount for this service line. The amount is inclusive of the provider's base charge and any applicable tax amounts reported within this line's AMT segments.				
				

DAYS

Image from page 428 of the 837I Guide annotated to instruct Billers on inputting of required Days

005010X223 • 837 • 2400 • SV2  
INSTITUTIONAL SERVICE LINE

ASC X12N • INSURANCE SUBCOMMITTEE  
TECHNICAL REPORT • TYPE 3

REQUIRED SV204 355

**Unit or Basis for Measurement Code** X 1 ID 2/2  
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

SYNTAX: P0405

ENTER DA

CODE	DEFINITION
DA	Days
UN	Unit

REQUIRED SV205 380

**Quantity** X 1 R 1/15  
Numeric value of quantity

SYNTAX: P0405

ENTER #  
OF DAYS

IMPLEMENTATION NAME: Service Unit Count

The maximum length for this field is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.

**SEGMENT DETAIL**

**NM1 - ATTENDING PROVIDER NAME**

**ELEMENT DETAIL**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			<b>CODE</b> <b>DEFINITION</b>	
			71 <b>Attending Physician</b>	
			<b>When used, the term physician is any type of provider filling this role.</b>	
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1 ID 1/1
			<b>CODE</b> <b>DEFINITION</b>	
			1 <b>Person</b>	
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name SYNTAX: C1203	X 1 AN 1/60
			<b>IMPLEMENTATION NAME: Attending Provider Last Name</b>	
SITUATIONAL	NM104	1036	<b>Name First</b> Individual first name	O 1 AN 1/35
			<b>SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send.</b>	
			<b>IMPLEMENTATION NAME: Attending Provider First Name</b>	
SITUATIONAL	NM105	1037	<b>Name Middle</b> Individual middle name or initial	O 1 AN 1/25
			<b>SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send.</b>	
			<b>IMPLEMENTATION NAME: Attending Provider Middle Name or Initial</b>	
NOT USED	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
SITUATIONAL	NM107	1039	<b>Name Suffix</b> Suffix to individual name	O 1 AN 1/10
			<b>SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send.</b>	
			<b>IMPLEMENTATION NAME: Attending Provider Name Suffix</b>	



IF BILLING ON THE UB-04, USE THESE FIELDS ON THE UB-04

UB-04

Field No.	Field Name	Description
4	Type of Bill	Enter 231 type of bill.
39-41	Value Code Code/Amount	Enter Value Code 24 along with the total charge amount for HCPCS code.
42	Rev. Cd.	Enter revenue code 0220. <b>022x Special Charges</b> 0220 General Classification
42	(Line 23) Rev Cd	Enter Revenue Code 0001.
44	HCPCS Code	Enter HCPCS code.
46	Serv. Units (Lines 1-22)	Enter the total number of days.
47	Total Charges (Lines 1-22)	For each claim line, enter the total charges that apply to the revenue codes entered in Lines 1-22 in Field 42.
47	Totals (Line 23)	Enter the total of all entries in this column on the bottom line. This is a required field.
67	(Unnamed)	Enter the ICD-CM codes describing the principal diagnosis.
76	Attending NPI	Enter the name and NPI of the physician who is primary responsible for the care of the patient reported in this claim.