


# PROVIDER BULLETIN

 <b>AETNA BETTER HEALTH® OF FLORIDA</b>  261 N. University Drive Plantation, FL 33324 <a href="http://www.AetnaBetterHealth.com/Florida">www.AetnaBetterHealth.com/Florida</a>	<b>Date:</b>	November 12, 2021
	<b>Purpose:</b>	Provider Bulletin: Provide details and updates on the FL Medicaid billing and reimbursement of Monoclonal Antibody Infusions.
	<b>Subject:</b>	COVID-19 Monoclonal Antibody Infusions
	<b>Products:</b>	MMA, LTC, FHK
	<b>From:</b>	<u>Provider Relations</u>

## Aetna Better Health® of Florida Medicaid Coverage of COVID-19 Monoclonal Antibody Infusions

Aetna Better Health of Florida would like to provide details and updates on the Florida Medicaid billing and reimbursement of Monoclonal Antibody Infusions as we continue to work and follow all of the Agency for Health Care Administration (AHCA) guidelines. Together, we are committed to ensuring that Medicaid members diagnosed with the 2019 novel coronavirus (COVID-19) receive all of 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 Infusions.**

Medicaid covers the below COVID-19 Monoclonal Antibody Infusions that have received an **Emergency Use Authorization** (EUA) from the U.S. Food & Drug Administration (FDA). **Monoclonal Antibody Infusions must be provided in accordance with the EUA and CMS guidelines.** Florida Medicaid does not reimburse for home infusions.

### **Fee-for-Service Billing & Reimbursement:**

The following reimbursement information is specific to recipients in the fee-for-service delivery system.

- The rates listed below apply to services provided by physicians (Provider Types 25 & 26) or a Florida Department of Health **monoclonal antibody treatment site**
- When provided by physician extenders (Provider Types 29 & 30) these services are reimbursed at 80% of the rates listed below in accordance with **Rule 59G-4.002**
- When provided in a hospital outpatient setting, the monoclonal antibody treatments are reimbursed through **Enhanced Ambulatory Patient Groups (EAPGs)**

### **NOTE:**

- ❖ ***Hospitals may bill for this service only when they are the sole biller, billing by the hospital and the treating practitioner will be considered duplicate billing for this service***
- ❖ ***Place of Service (POS): in Fee-For-Service the allowable POS are Office, Outpatient Hospital, Emergency Room, Ambulatory Surgical Center, Nursing Home, County Health Departments, Federally Qualified Health Centers, and Rural Health Clinics***

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HCPCS Code	HCPCS Short Descriptor	Labeler Name	Effective Dates	Medicaid - Fee for Service	Medicaid - Fee for Service
				Rate for Dates of Service From The Beginning Effective Date Through 05/05/2021	Rate for Dates of Service On or After 05/06/2021
<b>Q0239</b>	Bamlanivimab 700mg	Eli Lilly	11/10/2020 – 4/16/2021	*N/A	Code inactive
<b>M0239</b>	Bamlanivimab 700mg Infusion	Eli Lilly	11/10/2020 – 04/16/2021	\$185.76	Code inactive
<b>Q0240</b>	Casirivimab 300mg and imdevimab 300mg (600mg)	Regeneron	07/30/2021 – TBD	Code not active during this time period	*N/A
<b>M0240</b>	Casirivimab and imdevimab Infusion Repeat	Regeneron	07/30/2021 – TBD	Code not active during this time period	\$270.00
<b>Q0243</b>	Casirivimab 1200mg and imdevimab 1200mg (2400mg)	Regeneron	11/21/2020 – TBD	*N/A	*N/A
<b>M0243</b>	Casirivimab and imdevimab Infusion	Regeneron	11/21/2020 – TBD	\$185.76	\$270.00
<b>Q0244</b>	Casirivimab 600mg and imdevimab 600mg (1200mg)	Regeneron	06/03/2021 – TBD	Code not active during this time period	*N/A
<b>Q0245</b>	Bamlanivimab 700mg and etesevimab 1400mg (2100mg)	Eli Lilly	02/09/2021- TBD	*N/A	*N/A
<b>M0245</b>	Bamlanivimab and etesevimab Infusion	Eli Lilly	02/09/2021- TBD	\$185.76	\$270.00
<b>Q0247</b>	Sotrovimab 500mg	GSK	05/26/2021 – TBD	Code not active during this time period	**Priced per Rule 59G-4.251, F.A.C.
<b>M0247</b>	Sotrovimab Infusion	GSK	05/26/2021 – TBD	Code not active during this time period	\$270.00
<b>Q0249</b>	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.
<b>M0249</b>	Admin Tocilizumab 1mg COVID-19 1 <sup>st</sup> Dose	Genentech	06/24/2021 - TBA	Code not active during this time period	\$270.00
<b>M0250</b>	Admin Tocilizumab 1mg COVID-19 2 <sup>nd</sup> 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.).**

If you have fee-for-service coverage questions, please contact the Florida Medicaid Helpline at 1-877-254-1055. If you have health plan coverage questions, contact us directly at via e-mail: **[FLMedicaidProviderRelations@Aetna.com](mailto:FLMedicaidProviderRelations@Aetna.com)**. You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

For more information related to Medicaid coverage during the public health emergency, please visit the **[Agency's COVID web page](#)**.

We appreciate the excellent care you provide to our members. If you have any other questions, please feel free to contact us via e-mail: **[FLMedicaidProviderRelations@Aetna.com](mailto:FLMedicaidProviderRelations@Aetna.com)**. You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you

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