



Office of MaineCare Services (OMS) COVID-19 Monoclonal Antibody Coding, Billing, and Emergency Use Authorization (EUA) Guidance Update

September 29, 2021

COVID-19 Monoclonal Antibody Product and Administration United States (US) Food and Drug Administration (FDA) EUA Letters:

- [Eli Lilly's Bamlanivimab EUA-REVOKED](#)
- [Eli Lilly's Bamlanivimab and Etesevimab EUA](#)
- [Regeneron's Casirivimab and Imdevimab EUA](#)
- [GlaxoSmithKline's Sotrovimab EUA](#)
- [Genentech's Actemra \(tocilizumab\) EUA](#)

COVID-19 Monoclonal Antibody Product and Administration EUA Fact Sheets for Healthcare Providers:

- [Bamlanivimab-](#) REVOKED for use alone
- [Bamlanivimab and Etesevimab](#)
- [Casirivimab and Imdevimab](#)
- [Sotrovimab](#)
- [Actemra \(tocilizumab\)](#)

Recent Updates in COVID-19 Monoclonal Antibody Federal Guidance:

- April 16, 2021 [The US FDA revoked the EUA for monoclonal antibody bamlanivimab when administered alone.](#)
- Effective May 26, 2021 with the EUA for sotrovimab and June 24, 2021 with the EUA for tocilizumab, [CMS has announced](#) that these COVID-19 monoclonal antibody drugs will not be purchased and distributed by the federal government for free and must be obtained by providers through their typical purchasing channels.
- June 25, 2021 [US Department of Health and Human Services announced](#) a pause in the distribution of bamlanivimab and etesevimab together and etesevimab alone and FDA recommends the use of alternative authorized monoclonal antibody therapies.

Providers of MaineCare Benefits Manual (MBM), Section 9: Indian Health Services, Section 31: Federally Qualified Health Center Services, Section 45: Hospital Services, Section 90: Physician Services, and Section 103: Rural Health Clinic Services please review the following COVID-19 monoclonal antibody product and administration code guidance charts.

Please take note that due to the nature of the services represented by codes M0241, M0244, M0246, M0248, M0249, and M0250, these codes are billable only by providers of MBM, Section 45 and 90 Services.

OMS Monoclonal Antibody Product Code Information					
Code	Code Description	Labeler Name	Effective Date	End Date	Rate
Q0239	Injection, bamlanivimab, 700 mg	Eli Lilly	11/10/20	4/16/20	\$0 SL Modifier*
Q0240	Injection, casirivimab and imdevimab, 600 mg	Regeneron	7/30/2021	N/A	\$0 SL Modifier*
Q0243	Injection, casirivimab and imdevimab, 2400 mg	Regeneron	11/21/20	N/A	\$0 SL Modifier*
Q0244	Injection, casirivimab and imdevimab, 1200 mg	Regeneron	6/3/21	N/A	\$0 SL Modifier*
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	Eli Lilly	2/9/21	N/A	\$0 SL Modifier*
Q0247	Injection, sotrovimab, 500 mg	GlaskoSmithKline	5/26/21	N/A	\$2,394.00
Q0249**	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	Genentech	6/3/21	N/A	\$6.57
*This Monoclonal Antibody COVID-19 product is provided by the Federal Government at no cost to providers. Must be billed with the SL modifier and has a \$0 rate.					

OMS Monoclonal Antibody Administration Code Information						
Code	Code Description	Labeler Name	Effective Date	End Date	Rates: Dates of Service to 5/5/21 (or code end date)	Rates: Dates of Service on 5/6/21 (or with subsequent effective date)
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	Eli Lilly	11/10/20	4/16/21	\$195.76*	N/A
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post	Regeneron	7/30/21	N/A	N/A	\$283.22*

	administration monitoring, subsequent repeat doses					
M0241	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	Regeneron	7/30/21	N/A	N/A	\$472.35
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	Regeneron	11/21/20	N/A	\$195.76*	\$283.22*
M0244	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	Regeneron	5/6/21	N/A	N/A	\$472.35
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	Eli Lilly	2/9/21	N/A	\$195.76*	\$283.22*
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion 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	Eli Lilly	5/6/21	N/A	N/A	\$472.35

M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	GlaskoSmith Kline	5/26/21	N/A	N/A	\$283.22*
M0248	Intravenous infusion, sotrovimab, includes infusion 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	GlaskoSmith Kline	5/26/21	N/A	N/A	\$472.35
M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	Genentech	6/24/21	N/A	N/A	\$283.22
M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	Genentech	6/24/21	N/A	N/A	\$283.22

* Reimbursement rate for providers of Section 9: Indian Health Services, Section 31: Federally Qualified Health Centers, and Section 103: Rural Health Centers is included in the encounter rate.