

## URGENT MEMORANDUM

To: Chief Financial Officers – All Hospitals

- From: Dennis N. Phelps Deputy Director-Audit & Compliance
- Re: Reporting and Charging for the Administration of COVID-19 Vaccines and Monoclonal Antibody Therapies

Date: December 14, 2020

The purpose of this memorandum is to provide guidance on HSCRC reporting and charging for the administration of certain COVID-19 vaccines and monoclonal antibody therapies. The HSCRC does not mandate coverage or billing requirements. It is anticipated that hospitals will initially be provided these vaccines and antibody products at no cost. Consistent with its policy for COVID-19 testing, the HSCRC is implementing statewide standardized tiered outpatient Clinic (CL) charges for the duration of Maryland's State of Emergency, based on Medicare Payment Allowances for the administration of certain COVID-19 vaccines and monoclonal antibody therapies.

On December 4, 2020, the Centers for Medicare and Medicaid Services (CMS) released information to help providers prepare for and assist in administering the vaccines and monoclonal antibody therapies expeditiously.

## **Covid-19 Monoclonal Antibody Therapy**

On November 9, 2020, the U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for monoclonal antibody therapy for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients with positive COVID-19 test results who are at high risk for progressing to severe COVID-19 and/or hospitalization.

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 The Health Services Cost Review Commission is an independent agency of the State of Maryland

 P: 410.764.2605
 F: 410.358.6217
 4160 Patterson Avenue | Baltimore, MD 21215
 hscrc.maryland.gov

Listed below are the CPT/HCPCS codes and Medicare Payment Allowance for the administration of COVID-19 monoclonal antibody therapies during the State of Emergency:

Short		Labeler		Payment	
Code	Descriptor	Name	Procedure	Allowance	
M0239 bamianivimab- xxx infusion		Eli Lilly Intravenous \$309. infusion, includes infusion and post administration monitoring			
M0243 casirivi and imdevi infusion		Regeneron	Intravenous \$309.60 infusion, includes infusion and post administration monitoring		

The charge for all hospitals for the COVID-19 monoclonal antibody therapies is \$309.60. All hospitals are to set the number of RVUs per administration using the standard CL RVUs per Appendix D of the Accounting and Reporting Manual for non-chemotherapeutic IV injections and infusions (12 RVUs first hour & 6 RVUs for each subsequent hour). To ensure consistency, hospitals should base the number of RVUs on the average time required for the administration of these infusions. Hospitals are to adjust the charge per RVU on all other CL visits/procedures to maintain unit rate compliance.

## **COVID-19 VACCINES**

Since it is anticipated that the FDA will soon issue EUAs for certain COVID-19 vaccines, CMS issued the following CPT/HCPCS codes and the Medicare Payment Allowances for their administration during the State of Emergency:

CodeDescriptorNameProcedureAllowance0001A ADM SARSCOV2 30MCG/0.3 ML 1STPfizer First DoseAdministration- First Dose\$16.94	Short		Lab	Labeler		ent	
30MCG/0.3 ML 1 <sup>ST</sup> First Dose	Code	Descriptor	Nar	ne Procedure	Allowance		
•• • • •	0001A ADM SARSCOV2		Pfizer	Pfizer Administration-			
		30MCG/0.3 ML	1 <sup>ST</sup>	First Dose			
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			0       0	0       0			

0002A ADM SARSCOV2 30MCG/0.3 ML 2 <sup>ND</sup>	Pfizer	Administration- Second Dose	\$28.39
0011A SARSCOV2 VAC 100MCG/0.5 ML 1s	Moderna	Administration- First Dose	\$16.94
0012A SARSCOV2 VAC 100MCG/0.5 ML 2 <sup>N</sup>	Moderna	Administration- Second Dose	\$28.39

All hospitals are to set the number of RVUs per injection for both the first and second doses at 1 RVU. The charges for all hospitals for the COVID -19 vaccines will be \$16.94 for the first dose and \$28.39 for the second dose. Hospitals are to adjust the charge per RVU on all other CL visits/procedures to maintain unit rate compliance.

There should be no additional E&M CL facility fee charges for patients receiving COVID-19 vaccine and monoclonal antibody administration services. Should these patients require services in addition to administration, because of complications for instance, such services may be billed by a physician or other clinician who can bill for their professional services, but not by the hospital. A hospital and a physician or other clinician who can bill for their professional services may not both charge for administration of these products.

These lists are not all-inclusive. Unless advised otherwise, as new antibody therapies and vaccines are approved, the policies detailed above for charging and reporting them to the HSCRC should be utilized.

Hospitals administrating these vaccines and antibodies to their employees are not required to generate a bill/charge.

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If you have any questions, you may contact me at <u>dennis.phelps@maryland.gov</u>.