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MEDICAID INFORMATION BULLETIN

Medicaid Information: 1-800-662-9651 | medicaid.utah.gov

21-94 Monoclonal Antibody Treatment for COVID-19

Since November 2020, Utah providers have administered approximately 7,100 monoclonal antibody (mAb) infusions, preventing an estimated 900 hospitalizations from COVID-19. However, Utah's current mAb capacity exceeds the number of patient referrals being received for this treatment.

Patients who benefit most from mAb treatments are those most likely to be hospitalized, or die from COVID-19. These patients are typically older, or have one or more underlying medical conditions.

Patients who qualify for mAb infusions must:

- Test positive for SARS-CoV-2
- Currently have symptoms of COVID-19
- Be within the 10 days of symptom onset
- Be at risk for severe illness from COVID-19 due to factors such as age, underlying medical conditions, and/or shortness of breath
- Have had close contact or at high risk of exposure in an institutional setting and have not been fully vaccinated, or who are expected to have inadequate response to vaccination

The Utah Department of Health (UDOH) has launched an online Utah COVID-19 risk score calculator to guide patients with the completion of an eligibility assessment, and to determine if they might benefit from and qualify for mAb treatment. After completing a survey, the patient is informed whether they qualify for treatment and how to schedule an appointment at the nearest infusion site. Infusion sites are located across the state, and include a mix of hospitals, outpatient clinics, and dedicated monoclonal treatment sites.

This tool, a list of mAb treatment locations, and additional relevant provider information can be found at: https://coronavirus.utah.gov/noveltherapeutics/#for-medical-providers.

The UDOH recently opened its own Monoclonal Antibody Infusion Center in Murray on the campus of the Intermountain Healthcare Employee Services Center (5245 College Drive, Murray, UT, 84123). Treatment provided at the UDOH infusion center is free; no insurance will be billed. Up to 50 patients per day can be treated at this site. The UDOH is currently exploring a coordinated scheduling model with other treatment locations to ensure more timely access to mAb treatment for more Utahns. In November, the UDOH will be opening an additional site in St. George in partnership with Intermountain Healthcare. This site will be located at the 400 E campus (544 S. 400 E., St. George, UT, 84770).

Where can my patients get monoclonal antibody therapy?

Patients can receive treatment at the Utah Department of Health Monoclonal Antibody Infusion Center in Murray, Utah, or at one of more than 30 hospitals and outpatient clinics providing mAb infusions in Utah.

Steps for referring patients to the UDOH mAb infusion center in Murray, Utah, or St. George, Utah:

Screen your prospective patients (age 16 and older) to make sure they meet the inclusion criteria. Inclusion criteria are based on current emergency use authorizations and the Utah COVID-19 risk score calculator. You can also encourage your patients to take the risk score calculator online themselves to see if they qualify for a mAb infusion, and to find a treatment center nearest them.

Explain the benefits and risks of treatment and confirm the patient's desire to be treated.

Email the patient's name and contact information to mabinfusions@utah.gov using an encrypted email. Once our mAb team at the UDOH receives your email referral, they will reach out to the patient to get the infusion scheduled and respond to your email with the outcome of the referral. The clinical guidance on which this work is based can be found at https://coronavirus-download.utah.gov/Health/Utah_CSC_Monoclonal_Ab_Guidelines_v18_10222021_FINAL.pdf.

If you are contacted by a patient who you think may be eligible for mAb treatment, and are unable to complete a provider referral within the 10-day eligibility window, please direct the patient to https://coronavirus.utah.gov/noveltherapeutics, or the **Coronavirus Hotline 1-800-456-7707.**

Patients who complete the risk score calculator survey and are eligible for treatment will be provided contact information for a 24/7 hotline that can help schedule the patient for mAb treatment at one of the UDOH infusion centers.

All requests for infusions in children aged 12-15 years should be emailed to Pediatric.MonoclonalAntibodies@imail.org.

How much will this treatment cost my patients?

Medicare and Medicaid both cover the cost for infusion administration. For patients who don't have insurance, HRSA provides an option to providers to be reimbursed for treatment services at the Medicare rate. All of our major systems take advantage of the HRSA program for the uninsured.

For patients who are covered under commercial insurance plans, costs of infusion may vary, but many large insurers are waiving all costs. Some, though, are not, and there are even reports of some insurers not covering treatment at all. The insurance and health coverage landscape is complex. Commercial insurance covers about 22% of Utahns, other health coverage is provided through government plans, such as Medicare and Medicaid, and self-funded employer plans that are regulated at the federal level.

The UDOH infusion site and the Mobile Infusion Strike Teams offer mAb treatment at no cost to patients. In the medical model at hospitals, patients who are commercially insured face potentially high deductibles or copays depending on their insurance plan.

To learn more about potential costs and coverage for mAb treatment, visit: https://combatcovid.hhs.gov/sites/default/files/documents/Outpatient-Cost-Coverage-072021.pdf

Please encourage your patients to ask the treatment provider if there are any costs with getting the treatment before they schedule their appointment, so that they know what to expect.

Payment allowances and effective dates for COVID-19 monoclonal antibodies and their administration during the public health emergency are as follows:

HCPCS Code	HCPCS Short Descriptor	Labeler Name	Vaccine/Procedure Name	National Payment Allowance Effective for Claims with DOS on or after 05/6/2021	National Payment Allowance Effective for Claims with DOS through 05/5/2021	Effective Dates
Q0239	Bamlanivimab -xxxx	Eli Lilly	Injection, bamlanivimab, 700 mg	Code not active during this time period	$0.010	11/10/2020 – 04/16/2021
M0239	Bamlanivimab -xxxx infusion	Eli Lilly	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	Code not active during this time period	$309.600	11/10/2020 – 04/16/2021
Q0240	Casirivi and imdevi 600mg	Regeneron	Injection, casirivimab and imdevimab, 600 mg	$0.010	Code not active during this time period	07/30/2021 – TBD
M0240	Casiri and imdev repeat	Regeneron	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	$450.00	Code not active during this time period	07/30/2021 – TBD
M0241	Casiri and imdev repeat hm	Regeneron	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	$750.00	Code not active during this time period	07/30/2021 – TBD
Q0243	Casirivimab and imdevimab	Regeneron	Injection, casirivimab and imdevimab, 2400 mg	$0.010	$0.010	11/21/2020 – TBD
Q0244	Casirivi and imdevi 1200 mg	Regeneron	Injection, casirivimab and imdevimab, 1200 mg	$0.010	$0.010	06/03/2021 – TBD

M0243	Casirivi and imdevi inj	Regeneron	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	$450.00	$309.600	11/21/2020 – TBD
M0244	Casirivi and imdevi inj hm	Regeneron	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	$750.00	Code not active during this time period	05/06/2021 – TBD
Q0245	Bamlanivimab and etesevimab	Eli Lilly	Injection, bamlanivimab and etesevimab, 2100 mg	$0.010	$0.010	02/09/2021 – TBD
M0245	Bamlan and etesev infusion	Eli Lilly	intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	$450.00	$309.600	02/09/2021 – TBD
M0246	Bamlan and etesev infus home	Eli Lilly	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	$750.00	Code not active during this time period	05/06/2021 – TBD
Q0247	Sotrovimab	GSK	Injection, sotrovimab, 500 mg	$2394.00	Code not active during this time period	05/26/2021 – TBD
M0247	Sotrovimab infusion	GSK	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	$450.00	Code not active during this time period	05/26/2021 – TBD
M0248	Sotrovimab inf, home admin	GSK	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	$750.00	Code not active during this time period	05/26/2021 – TBD

Q0249	Tocilizumab for COVID-19	Genentech	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	$6.572	Code not active during this time period	06/24/2021 - TBA
M0249	Adm Tocilizu COVID-19 1st	Genentech	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	$450.00	Code not active during this time period	06/24/2021 - TBA
M0250	Adm Tocilizu COVID-19 2nd	Genentech	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	$450.00	Code not active during this time period	06/24/2021 - TBA

https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies

21-95 Over-the-Counter COVID-19 Testing Kits

In accordance with CMS guidance and in alignment with Utah's Disaster State Plan goal to increase access to testing to diagnose or detect COVID-19, starting November 1, 2021, Medicaid covers FDA-approved at-home COVID-19 testing products without any copay or cost-sharing for members.

Covered at-home COVID-19 testing products include those tests where a specimen is collected at home and then sent to a clinical laboratory or other certified testing sites for testing, in addition to those entirely performed at home. To be eligible for coverage, the at-home tests must be prescribed

by health care providers who have determined that the tests are medically necessary. Members can get these at-home COVID-19 tests, or "home collection" test kits via prescriptions at pharmacies through the Medicaid point-of-sale system. There is no quantity limit imposed on the number of at-home COVID-19 tests, or "home collection" test kits a member can receive per month with a prescription.

References:

1) Centers for Medicare and Medicaid Services. FAQS ABOUT FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION PART 43. June 23, 2020. https://www.cms.gov/files/document/FFCRA- Part-43 FAQs.pdf

2) Centers for Medicare and Medicaid Services. Medicaid and CHIP Coverage and Reimbursement of COVID-19 Testing under the American Rescue Plan Act of 2021 and Medicaid Coverage of Habilitation Services. August 30, 2021 https://www.medicaid.gov/federal-policy guidance/downloads/sho-21-003.pdf

21-96 Pharmacy Early Refill Policy Update

Effective November 1, 2021, Utah Medicaid has updated the Pharmacy Early Refill Policy to further improve member care. The early refill override request is now evaluated by the Pharmacy Team against medical necessity, as defined in Utah Medicaid Provider Manual General Information, Section 1, 8-1. An override is granted for early refill requests that rejects at the Pharmacy POS for Reject code 79, CC 1088 Refill Too Soon, if it is deemed medically necessary and in accordance with policy.

For more information on Medicaid Pharmacy policy, please see the *Utah Medicaid Pharmacy Services* provider manual at https://medicaid.utah.gov/utah-medicaid-official-publications/.

21-97 Central Nervous System Neurological Assessment Update

Effective November 1, 2021, Utah Medicaid covers brief emotional or behavioral assessments for EPSDT eligible members and pregnant women when performed in physical medicine settings to screen for underlying mental health. Providers who perform this service should report with CPT code 96127 - *Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument*.

Medicaid covers up to four (4) units per year, with a maximum of 2 units per date of service, as specified by the National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE).

Medicaid Accountable Care Organizations (ACO) are also required to cover this service.

21-98 Behavioral Health Receiving Centers – Update to the Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services

In Chapter 2-18, *Behavioral Health Receiving Centers,* minor changes have been made to refer to Rule R523-21 of the Utah Administrative Code for complete information on requirements to qualify as a behavioral health receiving center.

The updated *Utah Medicaid Rehabilitative Mental Health and Substance Use Disorder Services* provider manual can be found at https://medicaid.utah.gov/utah-medicaid-official-publications/.

21-99 Utah Medicaid Fee for Service COVID-19 Vaccines

Effective March 2020, The Utah Medicaid Fee-for-Service program began covering COVID-19 vaccines in accordance with the Public Health Emergency Declaration.

Utah Medicaid will reimburse an administration fee of $40 when a COVID-19 vaccine is billed with the appropriate information via pharmacy point of sale or medical claims. Medical claims will use the vaccine code and the vaccine administration code listed in the table below. The coverage and

reimbursement of COVID-19 vaccines and incentive amount will be billed as fee for service. Pharmacies administering the vaccine to nursing home residents will be reimbursed the administration fee for the vaccine.

COVID-19 vaccine Emergency Use Authorization covers administration of this vaccine for Medicaid members 5 years and older (Pfizer) and 18 years and older (Moderna & Janssen). COVID-19 vaccines are not approved for members who are less than 5 years of age.

Effective Date	Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Minimum Dosing Interval
12/11/20	91300	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	0001A (1st dose) 0002A (2nd dose) 0003A (3rd dose) 0004A (Booster)	Pfizer	Pfizer-BioNTech COVID-19 Vaccine	59267-1000-1 59267-1000-01	1st Dose to 2nd Dose: 21 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [e.g., immunocompromised]): 28 or More Days Booster: Refer to FDA/CDC Guidance
10/29/21	91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris- sucrose formulation, for intramuscular use	0071A (1st Dose) 0072A (2nd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Pediatric Vaccine	59267-1055-1 59267-1055-01	1st Dose to 2nd Dose: 21 Days

Effective Date	Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Minimum Dosing Interval
12/18/20	91301	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	0011A (1st dose) 0012A (2nd dose) 0013A (3rd dose)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	1st Dose to 2nd Dose: 28 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [e.g., immunocompromised]): 28 or More Days
10/20/21	91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	0064A (Booster)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	Refer to FDA/CDC Guidance
2/27/21	91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Booster: Refer to FDA/CDC Guidance

https://www.ama-assn.org/system/files/2020-11/covid-19-immunizations-appendix-q-table.pdf

Pharmacy Point of Sale Claims:

Billing for reimbursement of a free product (no associated cost) including an admin fee per NCPDP guidelines:

- The submitted Transaction Code (103-A3) is a "B1" (Claim Billing).
- The submitted Prescription/Service Reference Number Qualifier (455-EM) is a "1" (Rx Billing).
- The claim pricing segment follows the prescription claim request formula.
- The Product/Service ID (407-D7) should be submitted with the correct Product/Service ID Qualifier (436/E1) (in this example "03" (NDC))
- Product/Service ID (407-D7) contains the NDC Number of the vaccine or other product that was administered and obtained at zero cost
- The Days' Supply (405-D5) should be submitted with a value of "1".
- The Quantity Dispensed (442-E7) should be submitted with the value that represents the quantity of drug product administered.
- The DUR/PPS Segment, with a "MA" (Medication Administered) in the Professional Service Code (440-E5), is submitted to identify the product was administered.
- The Incentive Amount Submitted (438-E3) is submitted to identify the pharmacy is seeking reimbursement for the administration of the product.
- The submission clarification code (420-DK)
    - Initial Dose(s): Submission Clarification Code of **2 "Other Override"** - defined as "Used when authorized by the payer in business cases not currently addressed by other SCC values to indicate the first dose of a multi-dose vaccine is being administered"

  - Second Dose: Submission Clarification Code of **6 "Starter Dose"** - defined as "The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment to indicate the second dose of a multi-dose vaccine is being administered"
  - Booster/Additional Doses: Submission Clarification Code of **7 "Medically Necessary"** – defined as "Additional dose for targeted population, where days between additional dose and last dose of series is no less than the dose series time period"
- Utah Medicaid Incentive amount (administration fee) is as follows:
  - Single dose vaccine $40
  - Vaccines requiring more than one dose
    - Initial dose $40
    - Each subsequent dose $40
- Basis of Cost Determination (423-DN) should be submitted with the value "15" (Free product or no associated cost).

Medical Claims:
For guidance on how to bill for COVID-19 Vaccines and Administration visit:
https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration.

21-100 ARPA Enhanced Funding for Providers

The Centers for Medicare and Medicaid Services (CMS) authorized Utah to make limited-term supplemental payments to Home and Community Based Services (HCBS) Waiver providers for three years. The three year period is retroactive to April 1, 2021, and extends through March 31, 2024. These supplemental payments are temporary and funded with American Rescue Plan Act (ARPA), HCBS Enhanced Funding to address the increase in expenses incurred and workforce challenges that have emerged from the COVID-19 pandemic.

Providers will receive quarterly payments equal to five percent of the total amount each provider was reimbursed for claims paid in the previous quarter. The supplemental payments will exclude any denied claims.

To be eligible for enhanced funding, billing providers include providers who bill for:

- State Plan Services delivered through fee for service or managed care payment arrangements, including:
  - Home Health Services
  - Private Duty Nursing – in home services only

  - Hospice Services – in home services only
  - Personal Care Services
  - Case Management
  - School Based Services – services furnished to a child with a disability because such services are included in the child's individualized educational program established pursuant to Part B of the Individuals with Disabilities Education Act or furnished to an infant or toddler with a disability because such services are included in the child's individualized family service plan
  - Outpatient Mental Health and Substance Use Treatment Services
  - Autism Spectrum Disorder Related Services for individuals eligible for Early Periodic Screening Diagnosis and Treatment (EPSDT)
- Services provided under Utah's approved 1915(c) HCBS waivers and for services delivered through both traditional and self-administered service provider arrangements.

In order to qualify for supplemental payments, eligible providers must complete an attestation of the following:

1. An understanding that these are time-limited payments.
2. An agreement that a portion of the funds will be used to address direct-care worker issues.
3. An agreement that funds will be used to expand, enhance or strengthen HCBS or other applicable services authorized under ARPA Section 9817.

To complete the attestation, please fill out the Attestation/Google Form. (https://docs.google.com/forms/d/e/1FAIpQLSfxZgzmIXoh7RA-_FDlGwL92Dc3Mnlltb7cvM87xFcXTi5RVw/viewform)

To complete the Attestation Form, a provider must input their NPI/API number (National Provider Identifier/Atypical Provider Identifier). Division of Services for People with Disabilities (DSPD) providers can find their API by visiting the USTEPS Provider Interface (UPI):

1. Click "Reports" from the main menu
2. Choose the "Administration" section of the report portal
3. Run the "API Lookup Tool"

A provider's attestation applies until the end of the program, March 31, 2024, or until the provider's attestation is rescinded in writing by emailing ARPA-HCBS@utah.gov. The provider will not be required to "request" future supplemental quarterly payments. Once the attestation is confirmed, the state will determine and submit payments to the providers at the next payment interval.

If a provider makes an attestation on or before March 31, 2022, the attestation will be effective retroactively to April 1, 2021. An attestation provided in any subsequent quarter will only be effective back to the first day of the quarter in which the attestation is made.

Because CMS authorized these payments on October 1, 2021, a provider's first payment will include a payment for two quarters: the first quarter, *April 1, 2021 - June 30, 2021,* and the second quarter, *July 1, 2021 - September 30, 2021*. The supplemental payments will be made quarterly in the first month of each quarter.

If you have questions, please contact Utah Medicaid at ARPA-HCBS@utah.gov. For more information, visit https://medicaid.utah.gov/arpa/.