

December 17, 2020

Dear Prevea360 Health Plan Provider:

Thank you for your continued dedication and commitment to providing high-quality care to our members during this unprecedented public health emergency. We will continue to release Prevea 360 Health Plan COVID-19 provider communications with updated COVID-19 information, including a future notification related to the U.S. Food and Drug Administration's (FDA) recently issued emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine as a follow up to our <u>November 24, 2020, COVID-19 Communication</u>.

This notification contains information regarding:

- COVID-19 monoclonal antibody therapies.
- COVID-19 diagnostic test pricing transparency.

Information in this notification applies to the following Prevea360 Health Plan products: Commercial (fully-insured, including ACA), Dean Administrative Services Only (ASO), and Medicare Advantage.

#### **COVID-19 Monoclonal Antibody Therapies**

The FDA issued EUA for investigational COVID-19 monoclonal antibody therapies, <u>bamlanivimab</u> and <u>casirivimab and imdevimab</u> (the latter two to be administrated together). These therapies are for the treatment of mild-to moderate COVID-19 in adults and pediatric patients who have tested positive for COVID-19 and are at high risk for progressing to severe COVID-19 and/or hospitalization.

CMS has advised that providers administering the COVID-19 monoclonal antibody infusions follow the same <u>enrollment process</u> as those administering COVID-19 vaccines. State specific enrollment information was referenced in <u>Prevea360 Health Plan's November 24, 2020, COVID-19 Communication</u>.

CMS identified specific codes for each COVID-19 monoclonal antibody product and administration:

- Eli Lily and Company's Antibody Bamlanivimab:
  - Q0239 Injection, bamlanivimab-xxxx, 700 mg
  - M0239 Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring
- Regeneron's Antibodies Casirivimab and Imdevimab:
  - Q0243 Injection, casirivimab and imdevimab, 2400 mg
  - M0243 Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring

Bamlanivimab and casirivimab/imdevimab may only be administered in settings in which providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system, as necessary.

Initially, these COVID-19 monoclonal antibody therapies will be paid for through funding authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The administration of the products for enrolled members will be paid for by Prevea360 Health Plan, except for claims for Medicare Advantage members, as detailed in the "<u>Medicare Advantage</u>" section in this notification.

Providers are encouraged to review <u>Centers for Medicare and Medicaid Services (CMS)</u> <u>Monoclonal Antibody COVID-19 Infusion</u> for more COVID-19 monoclonal antibody therapies details, including information about EUA, medical documentation, coding, billing, and payment.

#### **Member Cost Share Waiver**

Pevea360 Heath Plan is waiving member cost share for the **administration** of bamlanivimab and casirivimab/imdevimab during the public health emergency.

## Authorization

Prior authorization will **not** be required for administration of bamlanivimab and casirivimab/imdevimab COVID-19 monoclonal antibody therapies.

## Claims

Because the federal government will cover the cost of the bamlanivimab and casirivimab/imdevimab initially, claims for the **product** itself should **no**t be sent to Prevea360 Health Plan.

Claims for the **administration** should be sent to Prevea360 Health Plan, except for Medicare Advantage claims as detailed in the "<u>Medicare Advantage</u>" section in this notification.

To avoid negative claims impact, it is important that claims for COVID-19 monoclonal antibody therapies administration have the accurate administration code for the specific product, as listed in this notification.

#### Reimbursement

Fee schedules are updated with reimbursement rates for COVID-19 monoclonal antibody therapies administration.

#### **Medicare Advantage**

CMS has advised that Medicare beneficiaries will not pay cost share for these COVID-19 monoclonal antibody infusion therapy products, including not paying copayment/coinsurance or deductible.

Providers must submit Medicare Advantage claims for COVID-19 monoclonal antibody therapies for beneficiaries enrolled in Medicare Advantage directly to CMS. Medicare will not pay for the COVID-19 monoclonal antibody products that providers receive for free. When COVID-19 monoclonal antibody doses are provided by the government without charge, providers should only bill for the administration. In the future, if providers begin to purchase monoclonal antibody products, CMS anticipates setting the payment rate similar to the payment rate for COVID-19 vaccines.

# COVID-19 Diagnostic Test Pricing Transparency

The U.S. Departments of Labor, Treasury, and Health and Human Services (the Tri-agencies) released an Interim Final Rule (IFC) with Comment Period that establishes important coverage requirements for an eventual COVID-19 vaccine. It also codifies the requirements in the Families First Coronavirus Response Act (FFCRA) and CARES Act for diagnostic test cash pricing transparency. In adherence, Prevea360 Health Plan expects that any provider who performs a COVID-19 diagnostic test make public the cash price, defined as the charge that applies to an individual who pays cash (or cash equivalent), for the test. Additionally, the IFC allows CMS discretion to take actions if CMS determines a provider is noncompliant with these requirements.

## **Additional Health Plan Information**

For additional health plan information and previous provider communications, refer our <u>COVID-19 provider information web page</u> located from the <u>Provider Resources page</u>. Providers are encouraged to check our website regularly for new and updated information

Please contact your assigned Provider Network Consultant with any questions.

Thank you again for your commitment to our members.

Sincerely,

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Loretta A. Lorenzen Vice President- Network Management & Contracting