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Official CMS news from the Medicare Learning Network®

Thursday, February 18, 2021

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News

CMS Takes Further Steps to Ensure Medicare Beneficiaries Have Wide Access to COVID-19 Antibody Treatment

The U.S. Food and Drug Administration issued an Emergency Use Authorization (EUA) for the investigational monoclonal antibody therapy, bamlanivimab and etesevimab, administered together, 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. Bamlanivimab and etesevimab, administered together, may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the Emergency Medical System (EMS), as necessary. Review the [Fact Sheet for Health Care Providers EUA of Bamlanivimab and Etesevimab](#) regarding the limitations of authorized use when administered together.

During the COVID-19 Public Health Emergency (PHE), Medicare will cover and pay for these infusions the same way it covers and pays for COVID-19 vaccines (when furnished consistent with the EUA).

CMS identified specific code(s) for the monoclonal antibody product and specific administration code(s) for Medicare payment: [Eli Lilly and Company's Antibody Bamlanivimab and Etesevimab](#), EUA effective February 9, 2021:

Q0245:

- Long descriptor: Injection, bamlanivimab and etesevimab, 2100 mg
- Short descriptor: bamlanivimab and etesevima

M0245:

- Long Descriptor: intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring
- Short Descriptor: bamlan and etesev infusion

Additional Resources:

- [List COVID-19 monoclonal antibody infusion billing codes, payment allowances, and effective dates](#)
- [Monoclonal Antibody COVID-19 Infusion Program Instruction](#)
- [CMS COVID-19 Vaccine Provider Toolkit](#)

IPPEs & AAVs: Comparative Billing Report in February

In late February 2021, CMS will issue a Comparative Billing Report on Part B claims for Initial Preventive Physical Examinations (IPPEs) and Annual Wellness Visits (AAVs). You're encouraged to use the data-driven tables to compare your billing and payment patterns with peers in your state and across the nation.

The public can't view CBRs. Look for an email from cbrpepper.noreply@religroupinc.com to access your report. Update your email address in the Provider Enrollment, Chain, and Ownership System to ensure delivery.

For More Information:

- [View a webinar recording](#)
- [Visit the CBR website](#)
- [Register for a live webinar](#) on March 10 at 3 pm ET

American Heart Month & Black History Month

Join CMS this February as we recognize American Heart Month and Black History Month by helping patients with heart disease take steps toward better health. These observances increase awareness about heart disease, risk factors, and the disproportionate effect on Black communities.

We offer resources to improve access to health care services and health equity within these vulnerable communities, as well as eliminate existing health disparities:

- View the [Health Observances](#) webpage for a complete list.
- Learn about the [Connected Care](#) campaign and the benefits of Chronic Care Management (CCM) for patients with multiple chronic conditions. This program provides resources to implement CCM and connects Medicare patients to the services they need to manage their conditions. Download the [CCM Connected Care Toolkit](#), and watch and share the [Connecting the Dots](#) video for patients (also in [Spanish](#)).
- Read our [data snapshots](#) to learn more about Medicare health disparities: [Heart Failure](#), [Ischemic Heart Disease](#), and [Hypertension](#).

For more information, visit the [CMS Office of Minority Health](#) webpage.

Compliance

Hospice Aide Services: Enhancing RN Supervision

An Office of Inspector General (OIG) [report](#) found that Registered Nurses (RNs) didn't always:

- Visit hospice patients' homes at least once every 14 days to assess the quality of care and services provided by hospice aides
- Document these visits as required

Review the [Enhancing RN Supervision of Hospice Aide Services](#) fact sheet to learn about roles and documentation. Additional resources:

- [Hospice Conditions of Participation Final Rule](#)
- [Medicare Fee-for-Service Response to the Public Health Emergency on COVID-19](#) MLN Matters Article
- [State Operations Manual Appendix M – Guidance to Surveyors: Hospice](#)

Claims, Pricers, & Codes

FQHC & RHC Claims: Retroactive Rate Adjustment for Code G2025

Medicare Administrative Contractors are reprocessing Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) claims with HCPCS code G2025 (payment for a telehealth distant site service furnished by a RHC or FQHC only):

- Update the national rate to \$99.45
- Dates of service on or after January 1

Multimedia

Section N: Medications – Drug Regimen Review Web-Based Training

During this [web-based training course](#) learn about assessment and coding of drug regimen review standardized patient assessment data elements.

Target audience:

- Home health agencies
- Inpatient rehabilitation facilities
- Long-term care hospitals
- Skilled nursing facilities

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