


ISSUE DATE February 24, 2022	EFFECTIVE DATE May 6, 2021	NUMBER 01-21-59, 05-21-12, 08-21-61, 09-21-58, 30-21-52, 31-21-61, 33-21-57
SUBJECT SARS-CoV-2 Monoclonal Antibody Product Updates	BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs	

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to inform Medical Assistance (MA) providers about updates related to the billing and payment for the administration of monoclonal antibody therapies for the treatment of COVID-19.

SCOPE:

This bulletin applies to all physicians, certified registered nurse practitioners, certified nurse midwives, outpatient hospital clinics, home health agencies, independent medical surgical clinics, pharmacies, and renal dialysis centers enrolled in the MA Program who are authorized to administer monoclonal antibody therapies to MA beneficiaries in MA Fee-for-Service (FFS) delivery system. Providers rendering services in the MA managed care delivery system should address any coding and billing questions to the appropriate managed care organization.

BACKGROUND:

On November 21, 2020, the United States Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the monoclonal antibody therapy, Casirivimab and Imdevimab, 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. In response, the Department of Human Services (Department) issued MA Bulletin 01-20-61, "Addition to Medical Assistance Program Fee

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>

Schedule for Administration of SARS-CoV-2 Monoclonal Antibody Therapy”, to add Current Procedural Terminology (CPT) code M0243 for the administration of Casirivimab and Imdevimab, effective for dates of services on and after November 21, 2020.

On February 9, 2021, the FDA issued an EUA for the 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. In response, the Department issued MA Bulletin 01-21-02, “Updates to the Medical Assistance Program Fee Schedule for Administration of SARS-CoV-2 Monoclonal Antibody Therapy”, to add procedure code M0245 for the administration of Bamlanivimab and Etesevimab, effective for dates of service on and after February 9, 2021.

DISCUSSION:

On May 6, 2021, the Centers for Medicare & Medicaid Services (CMS) announced an increase to the Medicare payment amount for the administration of the SARS-CoV-2 monoclonal antibody products to treat beneficiaries with SARS-CoV-2. The higher national payment rate reflects additional information provided to CMS about the costs of providing these services in a safe and timely manner, such as clinical staff and personal protective equipment. In response, the Department increased the MA Program fee schedule rate to \$360.00, effective for dates of service on and after May 6, 2021.

On May 6, 2021, CMS established separate procedure codes and payment rates for the administration of SARS-CoV-2 monoclonal antibody products in a person’s home, including the person’s permanent residence or temporary lodging (e.g., hotel/motel, cruise ship, hostel, or homeless shelter). The new payment rate for at-home administration of monoclonal antibody products accounts for increased costs associated with furnishing these complex products in a person’s home. In response, the Department added procedure code M0244 for the administration of Casirivimab and Imdevimab, administered together in the home, and procedure code M0246 for the administration of Bamlanivimab and Etesevimab, administered together the in home, effective for dates of service on and after May 6, 2021 at the rate of \$600.00.

On May 26, 2021, the FDA issued an EUA for the unapproved monoclonal antibody therapy, Sotrovimab, 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. In response, the Department added procedure codes M0247 and M0248 to the MA Program Fee Schedule for the administration of Sotrovimab, effective for dates of service on and after May 26, 2021.

On July 30, 2021, the FDA amended the EUA for the unapproved monoclonal antibody therapy, Casirivimab and Imdevimab, 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. In response, the

Department added procedure codes M0240 and M0241 for the administration of Casirivimab and Imdevimab, effective for dates of service on and after July 30, 2021.

On December 8, 2021, the FDA issued an EUA for Tixagevimab and Cilgavimab, administered together, for the pre-exposure prophylaxis of COVID-19 in certain adults and pediatric individuals (12 years of age and older weighing at least 40 kg). In response, the Department is adding procedure codes M0220 and M0221 to the MA Program Fee Schedule for the administration of Tixagevimab and Cilgavimab, administered together, effective for dates of service on and after December 8, 2021.

PROCEDURE:

MA providers in the FFS delivery system should bill the Department for the administration of SARS-CoV-2 monoclonal antibody products with procedure codes and effective dates identified below.

Procedure Code	Description	Effective Date	Old MA Fee	New MA Fee
M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring	12/8/21	N/A	\$120.40
M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been	12/8/21	N/A	\$200.40

	made provider-based to the hospital during the COVID-19 public health emergency			
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	7/30/21	N/A	\$360.00
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	7/30/21	N/A	\$600.00
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring	5/6/21	\$247.68	\$360.00
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.	5/6/21	N/A	\$600.00
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	5/6/21	\$247.68	\$360.00
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.	5/6/21	N/A	\$600.00
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	5/26/21	N/A	\$360.00
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	5/26/21	N/A	\$600.00

Attached is the fee schedule entitled, “Updates to the Medical Assistance Program Fee Schedule for Administration of SARS-CoV-2 Monoclonal Antibody Products”. The attachment identifies the procedure code, national code description, provider type, provider specialty, place of service, pricing and/or informational modifiers if applicable, and MA fee for the procedure codes for providers submitting MA FFS claims.

The MA Program fee schedule rate increases for the administration of the SARS-CoV-2 monoclonal antibody products were effective for dates of service on or after May 6, 2021. The Department reprocessed claims submitted between May 6, 2021, and the issuance of this bulletin. Providers do not need to resubmit the claims.

If an MA beneficiary’s permanent residence is a setting that provides health care services, such as an intermediate care facility, nursing facility, or skilled nursing facility, that setting would qualify as a “home or residence” for purposes of billing CPT codes M0221, M0241, M0244, M0246 or M0248. However, if an MA beneficiary is only in that location temporarily (such as if the MA beneficiary has a permanent home but is in a post-acute stay in a skilled nursing facility), the setting would not be considered the MA beneficiary’s “home or residence”, so CPT codes M0221, M0241, M0244, M0246 or M0248 should not be billed. Inpatient locations, such as inpatient hospitals, inpatient psychiatric hospitals, long-term care hospitals, and inpatient rehabilitation hospitals, would never qualify as the “home or residence” for purposes of CPT codes M0221, M0241, M0244, M0246 or M0248.

Providers may not bill the MA Program for the monoclonal antibody product they receive at no cost, including those purchased by the federal government. MA providers who pay for the products may bill the Department by indicating, on the claim submission form, the appropriate National Drug Code for the product.

Providers may access the online version of the MA Program Fee Schedule on the Department’s website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>.

ATTACHMENT:

Updates to the Medical Assistance Program Fee Schedule for Administration of SARS-CoV-2 Monoclonal Antibody Products

**Updates to the Medical Assistance Program Fee Schedule for Administration of SARS-CoV-2
Monoclonal Antibody Products**

Procedure Code	National Code Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier	Informational Modifier	MA Fee	Prior Authorization Required	Limits
M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring	01	017	23			\$120.40	No	once per day

M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring	01	183	22			\$120.40	No	once per day
M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring	08	082	49			\$120.40	No	once per day

M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring	30	300	65			\$120.40	No	once per day
M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring	31	All	11, 23, 31, 32, 99			\$120.40	No	once per day

M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes 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	01	183	12			\$200.40	No	once per day
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M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes 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	05	050	12			\$200.40	No	once per day
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M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes 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	30	300	12			\$200.40	No	once per day
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M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes 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	31	All	12			\$200.40	No	once per day
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M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes 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	33	335	12			\$200.40	No	once per day
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	01	017	23			\$360.00	No	once per day
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	01	183	22			\$360.00	No	once per day
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	08	082	49			\$360.00	No	once per day

M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	30	300	65			\$360.00	No	once per day
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	31	All	11, 23, 31, 32, 99			\$360.00	No	once per day
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	01	183	12			\$600.00	No	once per day
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	05	050	12			\$600.00	No	once per day

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	08	082	12			\$600.00	No	once per day
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	09	All	12			\$600.00	No	once per day
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	30	300	12			\$600.00	No	once per day
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	31	All	12			\$600.00	No	once per day

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	33	335	12			\$600.00	No	once per day
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring	01	017	23			\$360.00	No	once per day
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring	01	183	22			\$360.00	No	once per day
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring	08	082	49			\$360.00	No	once per day
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring	30	300	65			\$360.00	No	once per day
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring	31	All	11, 23, 31, 32, 99			\$360.00	No	once per day

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	01	183	12			\$600.00	No	once per day
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	05	050	12			\$600.00	No	once per day
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	08	082	12			\$600.00	No	once per day

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	09	All	12			\$600.00	No	once per day
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	30	300	12			\$600.00	No	once per day
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	31	All	12			\$600.00	No	once per day

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	33	335	12			\$600.00	No	once per day
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	01	017	23			\$360.00	No	once per day
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	01	183	22			\$360.00	No	once per day
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	08	082	49			\$360.00	No	once per day
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	30	300	65			\$360.00	No	once per day
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	31	All	11, 23, 31, 32, 99			\$360.00	No	once per day
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.	01	183	12			\$600.00	No	once per day

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.	05	050	12			\$600.00	No	once per day
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.	08	082	12			\$600.00	No	once per day
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.	09	All	12			\$600.00	No	once per day
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.	30	300	12			\$600.00	No	once per day

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.	31	All	12			\$600.00	No	once per day
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.	33	335	12			\$600.00	No	once per day
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	01	017	23			\$360.00	No	once per day
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	01	183	22			\$360.00	No	once per day
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	08	082	49			\$360.00	No	once per day
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	30	300	65			\$360.00	No	once per day
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	31	All	11, 23, 31, 32, 99			\$360.00	No	once per day

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	01	183	12			\$600.00	No	once per day
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	05	050	12			\$600.00	No	once per day
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	08	082	12			\$600.00	No	once per day
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	09	All	12			\$600.00	No	once per day

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	30	300	12			\$600.00	No	once per day
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	31	All	12			\$600.00	No	once per day
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	33	335	12			\$600.00	No	once per day