

Billing for Administering COVID-19 Monoclonal Antibody Products

Health care providers can bill on a single claim for administering COVID-19 monoclonal antibody products, or submit claims on a [roster bill](#).

- The EUAs for COVID-19 monoclonal antibody products contain specific requirements for administration that are considerably more complex than for other services that use roster billing. CMS expects health care providers to maintain appropriate medical documentation that supports the medical necessity of the service, including:
 - Documentation that supports that the provider met the terms of the EUAs
 - The name of the provider who ordered or decided to administer the infusion or injection, even in cases where providers use roster billing to submit claims for these services
- When the government provides COVID-19 monoclonal antibody products for free, providers should only bill for the administration; don't include the monoclonal antibody product codes on these claims. If you got the product for free, and your systems require a product code to bill for the administration, enter \$0.01 for the billed amount.
- To ensure access during the PHE, Medicare covers and pays for COVID-19 monoclonal antibodies under the COVID-19 vaccine benefit.
- If you're enrolled as a [mass immunizer](#), you may be able to bill Medicare for administering monoclonal antibodies, consistent with the product's EUA and in accordance with state law and scope of practice.
- Mass immunizers may bill using a roster bill or a traditional claim form, such as a [CMS-1500 \(PDF\)](#) or the 837P electronic format. CMS systems will accept roster bills for 1 or more patients that get the same type of shot (or in the case of monoclonal antibodies, same type of infusion or injection) on the same date of service.
- **For Medicare Advantage Plan patients you treat on or after January 1, 2022 (except for most Medicare Advantage hospice patients)**, submit claims for administering COVID-19 monoclonal antibody products to the Medicare Advantage Plan. Original Medicare won't pay these claims beginning in January 2022.

For most Medicare Advantage hospice patients, submit claims to Original Medicare. If your hospice patient's Medicare Advantage plan participates in the Hospice Benefit Component of the Value-Based Insurance Design (VBID) Model, submit claims for administering COVID-19 monoclonal antibody products to the Medicare Advantage Plan. Original Medicare won't pay these claims beginning in January 2022.

- **For Medicare Advantage Plan patients you treated in 2021**, submit claims for administering COVID-19 monoclonal antibody products to Original Medicare through your [Medicare Administrative Contractor \(MAC\)](#). Use your patients' Medicare Beneficiary Identifiers (MBI) to bill Original Medicare.
 - Ask your Medicare Advantage patients for their Original Medicare card. All Medicare patients have a red, white, and blue Medicare card with an MBI, including those enrolled in a Medicare Advantage Plan.
 - If your patients don't have their Original Medicare card or don't know their MBI, [use the MBI look-up tool in your MAC's secure portal \(PDF\)](#). You'll need your patients' first names, last names, dates of birth, and SSNs. You can use the MAC's secure portal to look up the MBI for your Medicare patients even if they're enrolled in a Medicare Advantage Plan.
 - For Part A claims, include Condition Code (CC) 78.
- Rural health clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
 - For **Original Medicare patients**, Medicare pays RHCs and FQHCs for administering COVID-19 monoclonal antibody products at 100% of reasonable cost through the cost report.
 - For **Medicare Advantage patients** you treated:
 - On or after January 1, 2022, RHCs and FQHCs should submit claims for administering COVID-19 monoclonal antibody products to the Medicare Advantage Plan. Original Medicare won't pay these claims beginning in January 2022.
 - In 2021, RHCs and FQHCs should use the cost report to bill for administering COVID-19 monoclonal antibody products.

There's No Cost for Your Patients

There's no cost sharing for people with Medicare for these COVID-19 monoclonal antibody products:

- No copayment/coinsurance
- No deductible

