COVID-19 Monoclonal Treatment in Federally Qualified Health Centers and Rural Health Clinics throughout the Public Health Emergency

For dates of service on and after September 1, 2021, and throughout the COVID-19 federal public health emergency (PHE) declaration, the Centers for Medicare and Medicaid Services (CMS) has approved an alternative payment methodology to all federally qualified health centers (FQHC) and rural health clinics (RHC) to receive reimbursement for COVID-19 monoclonal treatment. Reimbursement will be the Medicare rate on file for each date of service. COVID-19 treatment and administration guidance is available in Informational Bulletin 20-5 and Informational Bulletin 21-11, and updates will be made throughout the PHE. The relevant procedure codes for monoclonal treatment and administration are on the COVID-19 Vaccine/Treatment Fee Schedules, which will be updated as new information becomes available.

COVID-19 monoclonal treatment, as part of an otherwise billable FQHC/RHC encounter, will be reimbursed as a part of the all-inclusive encounter rate and no separate reimbursement will be made. FQHCs/RHCs must submit the T1015 procedure code with detailed lines that include both the respective COVID-19 treatment and the appropriate code for reimbursement of the treatment administration.

Providers may begin submitting claims for dates of service on or after September 1, 2021. Managed care organizations (MCO) and Gainwell Technologies will recycle all claims denied due to non-coverage of the treatment and administration upon implementation of these changes.

For questions related to this informational bulletin and fee-for-service claims, please contact Irma Gauthier at Irma.Gauthier2@la.gov or via phone at (225) 342-5691.

Direct questions regarding managed care claims to the appropriate MCO. MCOs will have 30 days from the date of this notice to update their systems and notify providers of the procedures and the timeframe for recycling claims.