

<u>News</u>

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New Medicare coverage for COVID-19 antibody treatment can be 'really helpful' for nursing homes



<u>Danielle Brown</u>



The federal government's decision to allow Medicare coverage of monoclonal antibody ther apy for COVID-19 treatments could be extremely helpful for nursing homes care for sympto matic, positive residents, according to a top expert.

The Centers for Medicare & Medicaid Services announced late Tuesday that coverage for th e treatment will be available to beneficiaries who live across a variety of healthcare settings, including nursing homes, at no cost during the public health emergency.

The Food and Drug Administration on Monday issued an emergency use authorization (EU A) for the investigational monoclonal antibody therapy, bamlanivimab, to treat mild to mode rate COVID-19 in adults and pediatric patients who are at high risk for progressing to severe COVID-19 and/or hospitalization.



Karl Steinberg, M.D.

"Nursing home residents, just by their very natu re, are the types of people who will benefit from this. They're at high-risk for bad outcomes and h ospitalization. It seems like a good fit," Karl Stei nberg, M.D., president-elect of AMDA — The So ciety for Post-Acute and Long-Term Care Medic ine.

CMS' coverage will apply to bamlanivimab. The agency added Medicare will cover and pay for t he infusions "the same way it covers and pays fo r COVID-19 vaccines," once approved and read y for distribution. However, the program will no t pay for products that providers receive for fre e.

"If providers begin to purchase monoclonal antibody products, Medicare anticipates setting the payment rate for the product, which will be 95 percent of the average wholesale price fo r many health care providers, consistent with usual vaccine payment methodologies. Additio nally, Medicare anticipates establishing codes and rates for the administration of the produc t," <u>CMS explained in a memo</u>, which also lays out guidelines on how to code for the treatmen t._

<u>AMDA has recently expressed skepticism</u> about the efficacy of antibody treatments in nursi ng homes until further studies and research can be conducted. He added that initial studies h aven't shown the treatment to be dangerous or produce a lot of bad reactions among senior s.

On the plus side, Steinberg noted that the therapy treatment can be done in place for reside nts. Steinberg said if nursing homes embrace the therapy options then "it's got the chance to really be helpful."

"To be able to do this in their own room, that's a real plus for this. It can logistically be done i n the nursing home whereas a lot of other things can't," he told *McKnight's Long-Term Care Ne ws* on Wednesday.

"I think it could really help save some people from going to the hospital. Right now, there's n ot a whole lot we can do, so at least it's something that we can do," he added. Steinberg also called on the federal government to include facility medical directors in the d ecision-making process moving forward.

"I just think throughout so much of this COVID crisis we've seen sort of an absence of input f rom people who actually work in nursing homes, like certified medical directors," he said.





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