TEXAS Health and Human Services

COVID-19 Non-Risk Payment Reimbursement Criteria

Please note, all items underlined are new criteria and clarifications that have been added to the *COVID-19 Non-Risk Payment (NRP) Reimbursement Criteria*.

Scope

- Health and Human Service Commission (HHSC) evaluates medical or pharmacy encounters from the Texas Medicaid & Healthcare Partnership (TMHP) database for specific criteria to process a non-risk reimbursement payment that is per program contract and per managed care organization (MCO) for specific COVID-19 related services.

- Encounters with a date of service (DOS) no earlier than April 1, 2020 are evaluated monthly. **The NRP COVID-19 reimbursement criteria end-dated with DOS of August 31, 2023. Effective for DOS on or after September 1, 2023, HHSC moved COVID-19 costs into the MCO capitation rates starting in state fiscal year 2024. HHSC's NRP COVID-19 reimbursement will end August 31, 2025.**

    - On the second week of each month, data is available for the previous month from TMHP. This data includes any record that was submitted to TMHP for processing in the previous month (commonly referred to as the TMHP Processed Calendar Date). Data is evaluated to look for:

        - The first instance of a record with DOS of the effective date of the procedure code or April 1, 2020, whichever date is the latest, that has not been processed for non-risk payment in the past.

        - A record with a DOS received and processed in the past where an adjustment was received in the data set for the last month. This record will be processed by negating the

previous payment and recalculating the payment based on the data in the Detail line of the new submission. The MCO report will have both records: The previous submission that was negated and the new submission that was paid. The net amount paid could be either a positive or negative amount.

  - For example, if a record with a DOS before March 2021 was not paid by the MCO and was submitted to TMHP on 3/15/2021, then this will be received from TMHP the second week in April for March data. Assuming the record is valid, meaning there were no business rules that would have excluded it and meets the conditions outlined in the following sections, it will be processed in April by HHSC, sent to HHSC Accounting or accounting system by the end of April, and disbursed from the accounting system in early May.

- Each payment will have an associated MCO report posted to MCOHub (file located in the MCOHUB > MCO > PHI > LIB folder) with the following file naming convention: "MCO_Program_YearMonth" (e.g, "MCO_STAR_202306).

  - **PLEASE NOTE:** In accordance with HHS SFTP, data files must not be stored on SFTP servers for longer than 15 calendar days. All files must be routinely downloaded and stored to a permanent location prior to the 15-day purge.

- Available guidance from Centers for Medicare & Medicaid Services (CMS) was used in making the following criteria determinations. As new guidance is published, these requirements will be reevaluated.

  - As the COVID-19 pandemic has evolved new codes have become effective and payment policy has evolved to reflect current conditions. This has resulted in defined time ranges for payment eligibility or payment rates for certain codes or code combinations, as reflected in the sections and tables below.

- At the direction of CMS, the payment determination aligns with 42 C.F.R. § 447.362(a):

42 C.F.R. § 447.362, Upper limits of payment: Non-risk contract, provides that under a non-risk contract, Medicaid payments to the contractor may not exceed -

(a) What Medicaid would have paid, on a fee-for-service basis, for the services actually furnished to beneficiaries: plus

(b) The net savings of administrative costs the Medicaid agency achieves by contracting with the plan instead of purchasing the services on a fee-for-service basis.

- NRP is excluded from Comprehensive Hospital Increase Reimbursement Program (CHIRP).

- The programs in scope are: STAR, STAR+PLUS, STAR Health, STAR Kids, and CHIP.

- There are three categories of reimbursement:

  - Test & Diagnostic Procedures – **Professional and Outpatient only**

  - Administration of the COVID-19 Vaccine and Drug Treatments – **Professional and Outpatient only**

  - Treatment – **Inpatient only**

1.Test & Diagnostic Criteria - End DOS of August 31, 2023

1.1 Test & Diagnostic Procedure Codes

The criteria do not take diagnosis, provider type, service location, or any other qualifier beyond a procedure code into consideration.

- Payments are calculated by comparing the "Paid Amount" at the detail line to the current Fee-for-service (FFS) rate that is applicable for the "Detail To Date of Service" and paying the lesser of the two amounts. If a FFS rate does not exist (i.e., it is a manually priced procedure code), then the amount paid by the MCO to the Provider, as available in the Detail line, is paid.

  The current FFS fee schedule is published by TMHP on its Welcome Texas Medicaid Providers | TMHP Webpage.

- 837P Professional and 837I Outpatient encounters only. (Inpatient encounters are excluded as these will be covered in Treatment logic.)

A medical encounter record contains any one of the following procedure codes:

Procedure Code	Description	Effective Date
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	*04/10/2020 at previous rate 01/01/2021 at previous rate 09/01/2021 at previous rate 03/01/2023 at latest rate
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen	08/10/2020 at previous rate 03/01/2023 at latest rate
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer	08/10/2020 at previous rate 09/01/2021 at latest rate
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative	09/08/2020 at previous rate 09/01/2021 at latest rate
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	*04/10/2020 at previous rate 01/01/2021 at previous rate 09/01/2021 at latest rate
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])	*06/25/2020 at previous rate 01/01/2021 at previous rate 09/01/2021 at latest rate

Procedure Code	Description	Effective Date
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	11/10/2020 at previous rate 09/01/2021 at previous rate 03/01/2023 at latest rate
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique	04/01/2020 for purposes of reimbursement at previous rate (03/13/2020 for the procedure code) 09/01/2021 at previous rate 03/01/2023 at latest rate
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	10/06/2020 at previous rate 09/01/2021 at latest rate
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	10/06/2020 at previous rate 09/01/2021 at latest rate
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	10/06/2020 at previous rate 09/01/2021 at latest rate
87913	Infectious agent genotype analysis by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), mutation identification in targeted region(s)	02/21/2022
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	04/01/2020 for purposes of reimbursement at previous rate 03/01/2022 at latest rate

Procedure Code	Description	Effective Date
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source	04/01/2020 for purposes of reimbursement at previous rate (03/01/2020 for procedure code) 09/01/2021 at latest rate
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source	04/01/2020 for purposes of reimbursement at previous rate (03/01/2020 for procedure code) 09/01/2021 at latest rate 05/11/2023 end-date
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source	04/01/2020 for purposes of reimbursement at previous rate (03/01/2020 for procedure code) 09/01/2021 at latest rate 05/11/2023 end-date
S8301 *	Infection control supplies, not otherwise specified	*04/01/2020 05/11/2023 end-date
U0001	CDC 2019 novel coronavirus (2019-nCoV) real-time RT-PCR diagnostic panel	04/01/2020 for purposes of reimbursement at previous rate (02/04/2020 for procedure code) 09/01/2021 at latest rate

Procedure Code	Description	Effective Date
U0002	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	04/01/2020 for purposes of reimbursement at previous rate (02/04/2020 for procedure code) 09/01/2021 at previous rate 03/01/2023 at latest rate
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R	04/14/2020 at previous rate 01/01/2021 at previous rate 09/01/2021 at latest rate 05/11/2023 end-date
U0004	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	04/14/2020 at previous rate 01/01/2021 at previous rate 09/01/2021 at latest rate 05/11/2023 end-date
U0005	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described B	01/01/2021 at previous rate 09/01/2021 at latest rate 05/11/2023 end-date

*Manually priced procedure code

1.2 Pharmacy Encounters for COVID-19 Testing Kits

The criteria do not take diagnosis, provider type, service location, dispensing, delivery, or incentive fees, or any other qualifier beyond a National Drug Code (NDC) into consideration.

- Payments for COVID-19 Testing Kits (pharmacy) are calculated by comparing the "Invoiced Amount" at the detail line to the current maximum fee rate that is applicable for the "Detail To Date of Service" and paying the lesser of the two amounts.

  The current maximum fee rates for COVID-19 Testing Kits do not include dispensing, delivery, or incentive fees.

A pharmacy encounter record contains any one of the following NDCs:

COVID-19 Test-Kit Name	NDC	Effective Date
InteliSwab COVID-19 Rapid Test	08337-0001-58	01/03/2022
QuickVue At-Home OTC COVID-19 Test	14613-0339-37	01/03/2022
QuickVue At-Home OTC COVID-19 Test	14613-0339-72	01/03/2022
BinaxNOW COVID-19 AG Card	11877-0011-29	01/03/2022
BinaxNOW COVID-19 AG Card Home Test	11877-0011-33	01/03/2022
BinaxNOW COVID-19 AG Self Test	11877-0011-40	01/03/2022
FlowFlex COVID-19 AG Home Test	82607-0660-26	01/03/2022
Everlywell COVID-19 Test Home Collection Kit DTC	51044-0008-42	01/03/2022
Genabio Antigen Test	96852-0254-31	11/21/2022
Genabio Antigen Test	96852-0953-00	11/21/2022

2. Administration of the COVID-19 Vaccine and Drug Treatment - End DOS of August 31, 2023

Encounters Criteria

The COVID-19 vaccine products are not in scope at this time, as they are supplied by the federal government.

The criteria evaluate instances of the administration of the COVID-19 vaccine and drug treatments in medical and pharmacy encounters.

- Payments are calculated by comparing the Paid Amount at the Detail line to the current FFS rate that is applicable for the "Header To Date of Service" and paying the lesser of the two amounts.

  The current FFS fee schedule is published by TMHP on its Welcome Texas Medicaid Providers | TMHP Webpage.

2.1 Medical Encounters for the Administration of the COVID-19 Vaccine

The criteria do not take diagnosis, provider type, service location, or any other qualifier beyond a procedure code into consideration.

837P Professional and 837I Outpatient encounters only. (Inpatient encounters are excluded as these will be covered in Treatment logic.)

A medical encounter record contains any one of the following procedure codes*:

Procedure Code	Description	Effective Date
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	12/11/2020 at previous rate 04/01/2021 at latest rate 04/18/2023 Not A Benefit
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	12/11/2020 at previous rate 04/01/2021 at latest rate 04/18/2023 Not a Benefit
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	08/12/2021 04/18/2023 Not a Benefit
0004A	ADM SARSCOV2 30MCG/0.3ML BST	09/22/2021 04/18/2023 Not a Benefit
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	12/18/2020 at previous rate 04/01/2021 at latest rate 04/18/2023 Not a Benefit
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	12/18/2020 at previous rate 04/01/2021 at latest rate 04/18/2023 Not A Benefit
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	08/12/2021 04/18/2023 Not A Benefit
0031A	ADM SARSCOV2 VAC AD26 .5ML	02/27/2021 at previous rate 04/01/2021 at latest rate 06/01/2023 Not A Benefit

Procedure Code	Description	Effective Date
0034A	ADM SARSCOV2 VAC AD26 .5ML B	10/20/2021 06/01/2023 Not A Benefit
0041A	ADM SARSCOV2 5MCG/0.5ML 1ST	07/13/2022
0042A	ADM SARSCOV2 5MCG/0.5ML 2ND	07/13/2022
0044A	ADM SARSCOV2 30MCG/0.3ML BST	10/19/2022
0051A	ADM SARSCV2 30MCG TRS-SUCR 1	01/03/2022 04/18/2023 Not A Benefit
0052A	ADM SARSCV2 30MCG TRS-SUCR 2	01/03/2022 04/18/2023 Not A Benefit
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	01/03/2022 04/18/2023 Not A Benefit
0054A	ADM SARSCV2 30MCG TRS-SUCR B	01/03/2022 04/18/2023 Not A Benefit
0064A	ADM SARSCOV2 50MCG/0.25MLBST	10/20/2021 04/18/2023 Not A Benefit
0071A	ADM SARSCV2 10MCG TRS-SUCR 1	10/29/2021 04/18/2023 Not A Benefit
0072A	ADM SARSCV2 10MCG TRS-SUCR 2	10/29/2021 04/18/2023 Not A Benefit
0073A	ADM SARSCV2 10MCG TRS-SUCR 3	01/03/2022 04/18/2023 Not A Benefit
0074A	ADM SARSCV2 10MCG TRS-SUCR B	05/17/2022 04/18/2023 Not A Benefit
0081A	ADM SARSCOV2 3MCG TRS-SUCR 1	06/17/2022 04/18/2023 Not A Benefit
0082A	ADM SARSCOV2 3MCG TRS-SUCR 2	06/17/2022 04/18/2023 Not A Benefit
0083A	ADM SARSCOV2 3MCG TRS-SUCR 3	06/17/2022 04/18/2023 Not A Benefit

Procedure Code	Description	Effective Date
0091A	ADM SARSCOV2 50 MCG/.5 ML1ST	06/17/2022 04/18/2023 Not A Benefit
0092A	ADM SARSCOV2 50 MCG/.5 ML2ND	06/17/2022 04/18/2023 Not A Benefit
0093A	ADM SARSCOV2 50 MCG/.5 ML3RD	06/17/2022 04/18/2023 Not A Benefit
0094A	ADM SARSCOV2 50MCG/0.5 MLBST	03/29/2022 04/18/2023 Not A Benefit
0111A	ADM SARSCOV2 25MCG/0.25ML1ST	06/17/2022 04/18/2023 Not A Benefit
0112A	ADM SARSCOV2 25MCG/0.25ML2ND	06/17/2022 04/18/2023 Not A Benefit
0113A	ADM SARSCOV2 25MCG/0.25ML3RD	06/17/2022 04/18/2023 Not A Benefit
0121A	ADM SARSCV2 BVL 30MCG/.3ML 1	04/18/2023
0124A	ADM SARSCV2 BVL 30MCG/.3ML B	08/31/2022
0134A	ADM SARSCV2 BVL 50MCG/.5ML B	08/31/2022
0141A	ADM SRSCV2 BVL 25MCG/.25ML 1	04/18/2023
0142A	ADM SRSCV2 BVL 25MCG/.25ML 2	04/18/2023
0144A	ADM SARSCV2 BVL 25MCG/.25ML B	10/12/2022
0151A	ADM SARSCV2 BVL 10MCG/.2ML 1	04/18/2023
0154A	ADM SARSCV2 BVL 10MCG/.2ML B	10/12/2022
0164A	ADM SRSCV2 BVL 10MCG/0.2ML B	12/08/2022

Procedure Code	Description	Effective Date
0171A	ADM SARSCV2 BVL 10MCG/.2ML 1	04/18/2023
0172A	ADM SARSCV2 BVL 3MCG/0.2ML 2	04/18/2023
0173A	ADM SARSCV2 BVL 3MCG/0.2ML 3	12/08/2022
0174A	ADM SARSCV2 BVL 3MCG/0.2ML A	03/14/2023

The COVID-19 vaccine can be administered in the home setting with **add-on procedure code** M0201 with one other COVID-19 vaccine administration code as listed above.

Procedure Code	Description	Effective Date
M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient's home	06/08/2021

2.2 Medical Encounters for the Administration of the COVID-19 Dental Vaccine

The criteria do not take diagnosis, provider type, service location, or any other qualifier beyond a procedure code into consideration.

837P Professional and 837I Outpatient encounters only.

A medical encounter record contains any one of the following procedure codes*:

Procedure Code	Description	Effective Date
D1701	Pfizer-BioNTech COVID-19 vaccine administration - first dose	03/11/2021 at previous rate 03/15/2021 at latest rate

Procedure Code	Description	Effective Date
D1702	Pfizer-BioNTech COVID-19 vaccine administration - second dose	03/11/2021 at previous rate 03/15/2021 at latest rate
D1703	Moderna COVID-19 vaccine administration - first dose	03/11/2021 at previous rate 03/15/2021 at latest rate
D1704	Moderna COVID-19 vaccine administration - second dose	03/11/2021 at previous rate 03/15/2021 at latest rate
D1707	Janssen COVID-19 vaccine administration	03/11/2021 at previous rate 03/15/2021 at latest rate 06/01/2023 Not A Benefit
D1708	Pfizer-BioNTech COVID-19 vaccine administration - third dose	03/10/2022
D1709	Pfizer-BioNTech COVID-19 vaccine administration - booster dose	03/10/2022
D1710	Moderna COVID-19 vaccine administration - third dose	03/10/2022
D1711	Moderna COVID-19 vaccine administration - booster dose	03/10/2022
D1712	Janssen COVID-19 vaccine administration - booster dose	03/10/2022 at previous rate 06/01/2023 Not A Benefit
D1713	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - first dose	03/10/2022
D1714	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - second dose	03/10/2022

2.3 Medical encounters for the Administration of the COVID-19 Drug Treatment with a confirmed COVID-19 diagnosis.

An 837P Professional or 837I Outpatient medical encounter where the primary diagnosis code is U07.1 (Confirmed COVID-19 infection).

The criteria do not take provider type, service location, or any other qualifier beyond a primary diagnosis code and procedure code into consideration.

A medical encounter record contains any one of the following procedure codes*:

Procedure Code	Description	Effective Date
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	02/11/2022 11/30/2022 Not A Benefit
M0223	Intravenous injection, bebtelovimab, 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	02/11/2022 11/30/2022 Not A Benefit
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	11/09/2020 04/16/2021 Not A Benefit
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	05/26/2021 04/05/2022 Not A Benefit
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	05/26/2021 04/05/2022 Not A Benefit

2.4 Medical encounters for the Administration of the COVID-19 Drug Treatment with a confirmed COVID-19 diagnosis OR suspected exposure to COVID-19.

The criteria do not take provider type, service location, or any other qualifier beyond a primary or secondary diagnosis code and procedure code into consideration.

An 837P Professional or 837I Outpatient medical encounter where COVID-19 treatment drug was administered with COVID-19 diagnosis U07.1 (Confirmed COVID-19 infection) or a COVID-19 exposure diagnosis Z20.822 (Contact with and (suspected) exposure to COVID-19) in the primary position with a medical encounter record contains any one of the following procedure codes* (see procedure table below).

Primary Diagnosis	Secondary Diagnosis
U07.1 (Confirmed COVID-19 infection)	
Z20.822 (Contact with and (suspected) exposure to COVID-19)	

OR

An 837P Professional or 837I Outpatient medical encounter with a secondary diagnosis of Z20.822 (Contact with and (suspected) exposure to COVID-19) with a medical encounter record contains any one of the following procedure codes* (see procedure table below).

Primary Diagnosis	Secondary Diagnosis
	Z20.822 (Contact with and (suspected) exposure to COVID-19)

A medical encounter record contains any one of the following procedure codes*:

Procedure Code	Description	Effective Date
M0220	Injection, tixagevimab and cilgavimab, for the preexposure 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 whom 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	12/08/2021 01/26/2023 Not A Benefit
M0221	Injection, tixagevimab and cilgavimab, for the preexposure 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 whom 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	12/08/2021 01/26/2023 Not A Benefit
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	07/30/2021 01/24/2022 Not A Benefit
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	07/30/2021 01/24/2022 Not A Benefit

Procedure Code	Description	Effective Date
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion and post administration monitoring	11/21/2020 at previous rate 05/06/2021 at latest rate 01/24/2022 Not A Benefit
M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion and post administration monitoring 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	05/06/2021 01/24/2022 Not A Benefit
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	02/09/2021 at previous rate 05/06/2021 at latest rate 01/24/2022 Not A Benefit
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	05/06/2021 01/24/2022 Not A Benefit

2.5 Medical encounters for the COVID-19 Drug Treatment with a confirmed COVID-19 diagnosis.

An 837P Professional or 837I Outpatient medical encounter where the primary diagnosis code is U07.1 (Confirmed COVID-19 infection).

The criteria do not take provider type, service location, or any other qualifier beyond a primary diagnosis code and procedure code into consideration.

A medical encounter record contains any one of the following procedure codes*:

Procedure Code	Description	Effective Date
C9507	Plasma, high titer COVID-19 convalescent, each unit	12/28/2021
J0248	Injection, remdesivir, 1 mg	01/21/2022

Procedure Code	Description	Effective Date
Q0222	Injection, bebtelovimab, 175 mg	08/15/2022 11/30/2022 Not A Benefit
Q0247	Injection, sotrovimab, 500 mg	05/26/2021 04/05/2022 Not A Benefit

2.6 Pharmacy Encounters for the Administration of the COVID-19 Vaccine

The criteria do not take diagnosis, provider type, service location, or any other qualifier beyond a NDC and dose indicator into consideration.

- Payments are calculated by comparing the "Paid Amount" at the "Incentive Amount Paid" line to the current FFS rate that is applicable for the "Header To Date of Service" and paying the lesser of the two amounts.

  The current FFS fee schedule is published by TMHP on its Welcome Texas Medicaid Providers | TMHP Webpage.

A pharmacy encounter record contains any one of the following NDCs*:

Dose Indicator	NDC	Effective Date
SCC field 420-DK = '02'	Moderna first dose: NDC = '80777027310' or '80777027399' or '80777027315' or '80777027398' or '80777010011 or 80777010099'	12/18/2020 at previous rate 04/01/2021 at latest rate 04/18/2023 Not A Benefit
SCC field 420-DK = '06'	Moderna second dose: NDC = '80777027310' or '80777027399' or '80777027315' or '80777027398' or '80777010011' or '80777010099'	12/18/2020 at previous rate 04/01/2021 at latest rate 04/18/2023 Not A Benefit
SCC field 420-DK = '07'	Moderna third (additional) dose: NDC = '80777027310' or '80777027399' or '80777027315' or '80777027398' or '80777010011' or '80777010099'	08/12/2021 04/18/2023 Not A Benefit
SCC field 420-DK = '10'	Moderna booster dose: NDC = '80777027310' or '80777027399' or '80777027315' or '80777027398' or '80777010011' or '80777010099'	10/20/2021 04/18/2023 Not A Benefit

Dose Indicator	NDC	Effective Date
SCC field 420-DK = '02'	Moderna First Dose (6M-5Y): NDC = 80777027905 or 80777027999	06/17/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '06'	Moderna Second Dose (6M-5Y): NDC = 80777027905 or 80777027999	06/17/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '07'	Moderna Third Dose (6M-5Y): NDC = 80777027905 or 80777027999	06/17/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '02'	Moderna First dose (6-11Y): NDC = 80777027705 or 80777027799	06/17/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '06'	Moderna Second dose (6-11Y): NDC = 80777027705 or 80777027799	06/17/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '07'	Moderna Third dose (6-11Y): NDC = 80777027705 or 80777027799	06/17/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '10'	Moderna booster dose (ADM SARSCOV2 50MCG/0.5 MLBST): NDC = 80777027505 or 80777027599	03/29/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '10'	Moderna booster dose (ADM SARSCV2 BVL 50MCG/.5ML B): NDC = 80777028205 or 80777028299	08/31/2022
SCC field 420-DK = '02'	Moderna, (0-11Y) 1st Dose (ADM SRSCV2 BVL 25MCG/.25ML 1): NDC = 80777028205 or 80777028299	04/18/2023
SCC field 420-DK = '06'	Moderna, (0-11Y) 2nd Dose (ADM SRSCV2 BVL 25MCG/.25ML 2): NDC = 80777028205 or 80777028299	04/18/2023
SCC field 420-DK = '10'	Moderna booster dose (ADM SRSCV2 BVL 25MCG/.25ML B): NDC = 80777028205 or 80777028299	10/12/2022
SCC field 420-DK = '10'	Moderna booster dose (ADM SRSCV2 BVL 10MCG/0.2ML B): NDC = 80777028302 or 80777028399	12/08/2022
SCC field 420-DK = '02'	Pfizer first dose: NDC = '59267100001' or '59267100002' or '59267100003' or '00069100002' or '00069100003'	12/11/2020 at previous rate 04/01/2021 at latest rate 04/18/2023 Not A Benefit
SCC field 420-DK = '06'	Pfizer second dose: NDC = '59267100001' or '59267100002' or '59267100003' or '00069100002' or '00069100003'	12/11/2020 at previous rate 04/01/2021 at latest rate 04/18/2023 Not A Benefit
SCC field 420-DK = '07'	Pfizer third (additional) dose: NDC = '59267100001' or '59267100002' or '59267100003' or '00069100002' or '00069100003'	08/12/2021 04/18/2023 Not A Benefit

Dose Indicator	NDC	Effective Date
SCC field 420-DK = '10'	Pfizer booster dose: NDC = '59267100001' or '59267100002' or '59267100003' or '00069100002' or '00069100003'	09/22/2021 04/18/2023 Not A Benefit
SCC field 420-DK = '02'	Pfizer First Dose (6M-4Y): NDC = 59267007801 or 59267007804	06/17/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '06'	Second Dose of Pfizer (6M-4Y): NDC = 59267007801 or 59267007804	06/17/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '07'	Third Dose of Pfizer (6M-4Y): NDC = 59267007801 or 59267007804	06/17/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '02'	Pfizer (5-11 yrs old) first dose: NDC = '59267105501' or '59267105502' or '59267105504'	10/29/2021 04/18/2023 Not A Benefit
SCC field 420-DK = '06'	Pfizer (5-11 yrs old) second dose: NDC ='59267105501' or '59267105502' or '59267105504'	10/29/2021 04/18/2023 Not A Benefit
SCC field 420-DK = '07'	Pfizer (5-11 yrs old) third dose: NDC = '59267105501' or '59267105502' or '59267105504'	01/03/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '10'	Pfizer (5-11 yrs old) booster dose: NDC = 59267105501' or '59267105502' or '59267105504'	05/17/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '02'	Pfizer (12Y Up) first dose: NDC = '59267102501' or '59267102503' or '59267102504'	01/03/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '06'	Pfizer (12Y Up) second dose: NDC = '59267102501' or '59267102503' or '59267102504'	01/03/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '07'	Pfizer (12Y Up) third dose: NDC = '59267102501' or '59267102503' or '59267102504'	01/03/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '10'	Pfizer (12Y Up) booster dose (ADM SARSCV2 30MCG TRS-SUCR B): NDC = '59267102501' or '59267102503' or '59267102504'	01/03/2022 04/18/2023 Not A Benefit
SCC field 420-DK = '02'	Pfizer (12Y Up) 1st Dose (ADM SARSCV2 BVL 30MCG/.3ML 1): NDC = 59267030401 or 59267140401 or 59267030402 or 59267140402	04/18/2023
SCC field 420-DK = '07' or '10'	Pfizer (12Y Up) additional or booster dose (ADM SARSCV2 BVL 30MCG/.3ML B): NDC = 59267030401 or 59267140401 or 59267030402 or 59267140402	08/31/2022

Dose Indicator	NDC	Effective Date
SCC field 420-DK = '02'	Pfizer (5-11Y) 1st Dose (ADM SARSCV2 BVL 10MCG/.2ML 1): NDC = 59267056501 or 59267056502	04/18/2023
SCC field 420-DK = '10'	Pfizer additional or booster dose (ADM SARSCV2 BVL 10MCG/.2ML B): NDC = 59267056501 or 59267056502	10/12/2022
SCC field 420-DK = '02'	Pfizer (0-4Y) 1st Dose (ADM SARSCV2 BVL 3MCG/0.2ML 1) NDC = 59267060901 or 59267060902	04/18/2023
SCC field 420-DK = '06'	Pfizer (0-4Y) 1st Dose (ADM SARSCV2 BVL 3MCG/0.2ML 2) NDC = 59267060901 or 59267060902	04/18/2023
SCC field 420-DK ='07' or '10'	Pfizer (ADM SARSCV2 BVL 3MCG/0.2ML 3): NDC = 59267060901 or 59267060902	12/08/2022
SCC field 420-DK ='07' or '10'	Pfizer (ADM SARSCV2 BVL 3MCG/0.2ML A): NDC = 59267060901 or 59267060902	03/14/2023
SCC field 420-DK = '06'	Johnson & Johnson (single) dose: NDC = '59676058005' or '59676058015'	02/27/2021 at previous rate 04/01/2021 at latest rate 06/01/2023 Not A Benefit
SCC field 420-DK = '10'	Johnson & Johnson booster dose: NDC = '59676058005' or '59676058015'	10/20/2021 06/01/2023 Not A Benefit
SCC field 420-DK = '02'	Novavax first dose: NDC = 80631010001 or 80631010010	07/13/2022
SCC field 420-DK = '06'	Novavax second dose: NDC = 80631010001 or 80631010010	07/13/2022
SCC field 420-DK = '10'	Novavax booster dose: NDC = 80631010001 or 80631010010	10/19/2022

2.7 Pharmacy Encounters for Oral COVID-19 Drug:

The criteria do not take diagnosis, provider type, service location, or any other qualifier beyond a NDC into consideration.

- Payments for COVID-19 Oral Drugs are calculated by comparing the "Invoiced Amount" at the detail line to the current max dispensing fee that is applicable for the "Detail To Date of Service" and paying the lesser of the two amounts.

A pharmacy encounter record contains any one of the following NDCs*:

NDC	Effective Date
Pfizer: NDC = '00069108506' or '00069108530'	12/27/2021
Merck: NDC = 00006505506	12/27/2021

2.8 Medical Encounters for COVID-19 Vaccine Counseling:

The criteria do not take diagnosis, provider type, service location, or any other qualifier beyond a procedure code into consideration.

Procedure Code	Description	Effective Date
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time (this code is used for the Medicaid early and periodic screening, diagnostic, and treatment benefit (EPSDT)	12/02/2021

Procedure code G0315 records "stand-alone vaccine counseling," which refers to a situation in which a patient and/or caregiver receives counseling about a vaccine form a health care practitioner, but the patient does not actually receive the vaccine dose at same time as the counseling. Therefore, G0315 will be excluded from payment if billed on the same day, same rendering provider, as the following vaccine administration codes: 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A 0173A, 0174A.

3. Treatment - End DOS of August 31, 2023

Encounters Criteria

An Institutional medical encounter where the service was in an Inpatient setting. Inpatient is defined as:

- Transaction Type = 'I'
- Type of Bill between '111' and '117'

Exclusions include records with procedure codes related to Test & Diagnostic and Administration of COVID-19 Vaccine and Drug Treatments, as stated above, to avoid duplicate payment.

- Payments are calculated by comparing the "Paid Amount" at the header line to the current FFS equivalent amount based on all patient refined-diagnosis related group (APR-DRG) and paying the lesser of the two amounts.

  HHSC is calculating the FFS equivalent based on the assigned APR-DRG to reimburse inpatient COVID-19 related treatment. The DOS field used for FFS equivalent reimbursement purposes is the header to date of service (HDR_ToDOS). The APR-DRG relative weight (RW) tables and standard dollar amounts (SDA) are published by TMHP on its Acute Care Hospital Reimbursement | TMHP webpage. SDAs and RWs that are effective on the discharge date (HDR TDOS) will be used for calculations. The NRP extract criteria that is used to pull encounters is the header from dates of service (HDR_FDOS). All encounters with codes end-dated before the FDOS will not be pulled into the extract.

The *Secondary Diagnosis* represents Header 1st diagnosis code through Header 24th diagnosis code on an encounter. Any of the secondary diagnoses that exist on fields 1-24 within the encounter will be captured for medical treatment non-risk criteria.

Note: A three-character diagnosis code encompasses that code and any other sub-codes. E.g., "I26" includes "I26.0", "I26.01", "I26.02", etc. A four-character diagnosis code encompasses that code and any other sub-codes. E.g., "M35.8", "M35.81", etc.

Diagnosis Criteria

3.1 Confirmed COVID-19 Primary Diagnosis with a Qualifying Secondary Diagnoses: As of April 1, 2020 – March 31, 2021.

An Institutional medical encounter with a primary diagnosis of U07.1 and a combination of any one of the following secondary diagnoses where the DOS is between 4/1/2020 and 3/31/2021:

Primary Diagnosis	Secondary Diagnosis
U07.1 (Confirmed COVID-19 infection)	A41.89 (other specified sepsis)

Primary Diagnosis	Secondary Diagnosis
	A41.9 (sepsis, unspecified organism)
	D65 (Disseminated intravascular coagulation)
	D68.8 (Other specified coagulation defects)
	J12.82 (Pneumonia due to Coronavirus disease 2019)
	J12.89 (Other Viral Pneumonia)
	J20.8 (Acute Bronchitis due to other specified organism)
	J40 (Bronchitis not specified as acute or chronic)
	J22 (Unspecified acute lower respiratory infection)
	J80 (Acute Respiratory Distress Syndrome)
	J93.8
	J96.0
	J96.01
	J96.02
	J98.9 (Other specified respiratory disorders)
	I21 (Acute Myocardial Infarction)
	I26 (pulmonary embolism)
	I50 (Heart Failure)
	I51 (Myocarditis)
	I63 (cerebral infarction)
	I74 (arterial embolism)
	I82 (other venous embolism)
	N17 (Acute Kidney Injury)
	N19 (Acute Kidney Injury Unspecified)
	K72 (Hepatic Failure)
	M35.8 (other specified systemic involvement of connective tissue)
	R65.11 (Systemic Inflammatory Response Syndrome (SIRS) of non-infectious origin with acute organ dysfunction)
	R65.20 (Systemic Inflammatory Response Syndrome (SIRS) of non-infectious origin with acute organ dysfunction, without septic shock)

Primary Diagnosis	Secondary Diagnosis
	R65.21 (Systemic Inflammatory Response Syndrome (SIRS) of non-infectious origin with acute organ dysfunction, with septic shock)
	D59 (Acquired hemolytic anemia)
	D64 (Anemia, unspecified)
	B33.2 (Viral carditis)
	I40 (Acute myocarditis)

3.2 Confirmed COVID-19 Secondary Diagnosis with a Qualifying Primary Diagnoses: As of April 1, 2020 – March 31, 2021.

An Institutional medical encounter with a secondary diagnosis of a confirmed case of COVID-19 and with a combination of any one of the following primary diagnoses where the DOS is between 4/1/2020 and 3/31/2021:

Primary Diagnosis	Secondary Diagnosis
A41.89 (Other specified sepsis)	U07.1 (Confirmed COVID-19 infection)
A41.9 (Sepsis, unspecified organism)	
O98.5 (Other viral diseases complicating pregnancy)	
Z38 (liveborn infants)	
P35.8 (other congenital viral diseases)	
T86 (Complications of transplanted organs)	

3.3 Confirmed COVID-19 Primary Diagnosis with a Qualifying Secondary Diagnosis: As of April 1, 2020 – September 30, 2021.

An Institutional medical encounter with a primary diagnosis of a confirmed case of COVID-19 and with a combination of the following secondary diagnosis where the DOS is between 4/1/2020 and 9/30/2021:

Primary Diagnosis	Secondary Diagnosis
U07.1 (Confirmed COVID-19 infection)	B94.8 (Sequelae of other specified infectious and parasitic diseases)

3.4 Multisystem Inflammatory Syndrome Primary Diagnosis with a Qualifying Secondary Diagnosis: As of January 1, 2021 – September 30, 2021.

An Institutional medical encounter with a primary diagnosis of a multisystem inflammatory syndrome and with a combination of the following secondary diagnosis where the DOS is between 1/1/2021 and 9/30/2021:

Primary Diagnosis	Secondary Diagnosis
M35.81 (Multisystem inflammatory syndrome)	B94.8 (Sequelae of other specified infectious and parasitic diseases)

3.5 Multisystem Inflammatory Syndrome Primary Diagnosis with a Qualifying Secondary Diagnosis: As of January 1, 2021 – August 31, 2023.

An Institutional medical encounter with a primary diagnosis of a multisystem inflammatory syndrome with a combination of the following secondary diagnosis, where the DOS is between 1/1/2021 and 8/31/2023:

Primary Diagnosis	Secondary Diagnosis
M35.81 (Multisystem inflammatory syndrome)	Z86.16 (Personal history of COVID-19)

3.6 Multisystem Inflammatory Syndrome Primary Diagnosis with a Qualifying Secondary Diagnosis: As of October 1, 2021 – August 31, 2023.

An Institutional medical encounter with a primary diagnosis of a multisystem inflammatory syndrome and a combination of the following secondary diagnosis, where the DOS is between 10/1/2021 and 8/31/2023.

Primary Diagnosis	Secondary Diagnosis
M35.81 (Multisystem inflammatory syndrome)	U09.9 (Post COVID-19 condition, unspecified)

3.7 Confirmed and Suspected Primary COVID-19 Diagnoses with a Qualifying Secondary Diagnoses: As of April 1, 2021 – August 31, 2023.

An Institutional medical encounter with a primary diagnoses of a confirmed or suspected case of COVID-19 and a combination of any one of the following secondary diagnoses, where the DOS is between 4/1/2021 and 8/31/2023.

The following primary diagnoses codes (Z11.52, Z86.16, Z20.822, and Z03.818) remain effective for this scenario within the following timeframes, 4/1/2021 – 8/1/2022.

Primary Diagnosis	Secondary Diagnosis
U07.1 (Confirmed COVID-19 infection)	A41.89 (other specified sepsis)
Z11.52 (encounter for screening for COVID-19) - As of 8/2/2022, this code is end-dated from primary diagnosis field.	A41.9 (sepsis, unspecified organism)
Z86.16 (personal history of COVID-19) - As of 8/2/2022, this code is end-dated from primary diagnosis field.	D65 (Disseminated intravascular coagulation)
Z20.822 (Contact with and (suspected) exposure to COVID-19) - As of 8/2/2022, this code is end-dated from primary diagnosis field.	D68.8 (Other specified coagulation defects)
Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out) - As of 8/2/2022, this code is end-dated from primary diagnosis field.	J12.82 (Pneumonia due to Coronavirus disease 2019)
	J12.89 (Other Viral Pneumonia)
	J20.8 (Acute Bronchitis due to other specified organism)
	J40 (Bronchitis not specified as acute or chronic)
	J22 (Unspecified acute lower respiratory infection)
	J80 (Acute Respiratory Distress Syndrome)
	J93.8
	J96.0
	J96.01
	J96.02
	J98.9 (Other specified respiratory disorders)

Primary Diagnosis	Secondary Diagnosis
	I21 (Acute Myocardial Infarction)
	I26 (pulmonary embolism)
	I50 (Heart Failure)
	I51 (Myocarditis)
	I63 (cerebral infarction)
	I74 (arterial embolism)
	I82 (other venous embolism)
	N17 (Acute Kidney Injury)
	N19 (Acute Kidney Injury Unspecified)
	K72 (Hepatic Failure)
	M35.8 (other specified systemic involvement of connective tissue)
	R65.11 (Systemic Inflammatory Response Syndrome (SIRS) of non-infectious origin with acute organ dysfunction)
	R65.20 (Systemic Inflammatory Response Syndrome (SIRS) of non-infectious origin with acute organ dysfunction, without septic shock)
	R65.21 (Systemic Inflammatory Response Syndrome (SIRS) of non-infectious origin with acute organ dysfunction, with septic shock)
	D59 (Acquired hemolytic anemia)
	D64 (Anemia, unspecified)
	U09.9 (Post COVID-19 condition, unspecified)
	B33.2 (Viral carditis)
	I40 (Acute myocarditis)

3.8 Confirmed and Suspected COVID-19 Secondary Diagnoses with a Qualifying Primary Diagnoses – As of April 1, 2021 – August 31, 2023.

An Institutional medical encounter with a secondary diagnoses of a confirmed or suspected case of COVID-19 and a combination of any one of the following primary diagnoses, where the DOS is between 4/1/2021 and 8/31/2023.

The following secondary diagnoses codes (Z11.52, Z20.822, and Z03.818) remain effective for this scenario within the following timeframes, 4/1/2021 – 8/1/2022.

Primary Diagnosis	**Secondary Diagnosis**
A41.89 (Other specified sepsis)	U07.1 (Confirmed COVID-19 infection)
A41.9 (Sepsis, unspecified organism)	Z11.52 (encounter for screening for COVID-19) - As of 8/2/2022, this code is end-dated from secondary field.
O98.5 (Other viral diseases complicating pregnancy)	Z86.16 (personal history of COVID-19)
Z38 (liveborn infants)	Z20.822 (Contact with and (suspected) exposure to COVID-19) - As of 8/2/2022, this code is end-dated from secondary field.
P35.8 (other congenital viral diseases)	Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out) - As of 8/2/2022, this code is end-dated from secondary field.
T86 (Complications of transplanted organs)	

Contact

Please direct questions and/or feedback to NonRisk_Appeals@hhs.texas.gov.