COVID-19 Non-Risk Payment Reimbursement Criteria

Please note, all items underlined represent new criteria and clarification that were added to *COVID-19 Non-Risk Payment Reimbursement Criteria*.

Scope

- 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 MCO for specific COVID-19 related services.

- Encounters with a date of service (DOS) no earlier than April 1, 2020 are evaluated monthly. A DOS is defined as the encounter record header date of service "HDR_ToDOS" field.

    - 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 has an associated MCO report posted to TexMedCentral (file located in the XXXLIB Folder) with the following file naming convention: "MCO_YearMonthVoucherNumber.ExcelExtension" (e.g., "MCOName_202012ST000000000000010016.xlsv"). The file naming convention was updated with the automatic process starting with the 202109 MCO reports. The new file naming convention is "MCO_Program_YearMonth" (e.g, "MCO_STAR_202109).

- Available guidance from CMS was used in making the following criteria determinations. As new guidance is published, these requirements will be reevaluated.

- 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.

- 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**

Test & Diagnostic Procedures

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 Texas Medicaid & Healthcare Partnership (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 latest rate
86408	NEUTRALIZING ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]); SCREEN	08/10/2020

Procedure Code	Description	Effective Date
86409	NEUTRALIZING ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]); TITER	08/10/2020 09/01/2021 at latest rate
86413	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) ANTIBODY, QUANTITATIVE	09/08/2020
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 latest rate
87426	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE, (E.G., ENZYME IMMUNOASSAY [EIA], ENZYMELINKED IMMUNOSORBENT ASSAY [ELISA], IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS (E.G., SARS-COV, SARSCOV-2 [COVID-19])	*06/25/2020 at previous rate 01/01/2021 at previous rate 09/01/2021 at latest rate
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

Procedure Code	Description	Effective Date
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 (03/13/2020 for the procedure code)
87636	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SERVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) AND INFLUENZA VIRUS TYPES A AND B, MULIPLEX AMPLIFIED PROBE TECHNIQUE	10/06/2020
87637	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SERVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), INFLUENZA VIRUS TYPES A AND B, AND RESPIRATORY SYNCYTIAL VIRUS, MULIPLEX AMPLIFIED PROBE TECHNIQUE	10/06/2020
87811	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE, VISUAL) OBSERVATION; SERVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])	10/06/2020
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 <u>03/01/2022 at latest rate</u>

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 (03/01/2020 for procedure code)
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 (03/01/2020 for procedure code)
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 (03/01/2020 for procedure code)
S8301 *	INFECTION CONTROL SUPPLIES, NOT OTHERWISE SPECIFIED	*04/01/2020
U0001	CDC 2019 NOVEL CORONAVIRUS (2019-NCOV) REAL-TIME RT-PCR DIAGNOSTIC PANEL	04/01/2020 for purposes of reimbursement (02/04/2020 for procedure code)
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 (02/04/2020 for procedure code)

Procedure Code	Description	Effective Date
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 latest rate
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 latest rate
U0005	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]), AMPLIFIED PROBE TECHNIQUE, CDC OR NONCDC, 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

*Manually priced procedure code

Pharmacy Encounters for the 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 "Paid 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 (pharmacy) 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

Administration of the COVID-19 Vaccine and Drug Treatment

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 Fee-for-service (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 Texas Medicaid & Healthcare Partnership (TMHP) on its Welcome Texas Medicaid Providers | TMHP Webpage.

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
0002A	ADM SARSCOV2 30MCG/0.3ML 2nd	12/11/2020 at previous rate 04/01/2021 at latest rate
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	08/12/2021
0004A	ADM SARSCOV2 30MCG/0.3ML BST	09/22/2021
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	12/18/2020 at previous rate 04/01/2021 at latest rate
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	12/18/2020 at previous rate 04/01/2021 at latest rate
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	08/12/2021

Procedure Code	Description	Effective Date
0031A	ADM SARSCOV2 VAC AD26 .5ML	02/27/2021 at previous rate 04/1/2021 at latest rate
0034A	ADM SARSCOV2 VAC AD26 .5ML B	10/20/2021
0051A	ADM SARSCV2 30MCG TRS-SUCR 1	01/03/2022
0052A	ADM SARSCV2 30MCG TRS-SUCR 2	01/03/2022
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	01/03/2022
0054A	ADM SARSCV2 30MCG TRS-SUCR B	01/03/2022
0064A	ADM SARSCOV2 50MCG/0.25MLBST	10/20/2021
0071A	ADM SARSCV2 10MCG TRS-SUCR 1	10/29/2021
0072A	ADM SARSCV2 10MCG TRS-SUCR 2	10/29/2021
0073A	ADM SARSCV2 10MCG TRS-SUCR 3	01/03/2022

*Note: New procedure codes will be added in the future upon approval, including AstraZeneca procedure codes (0021A, 0022A).

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

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
M0239	INTRAVENOUS INFUSION, BAMLANIVIMAB-XXXX, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING	11/09/2020 – 04/30/2021
M0247	INTRAVENOUS INFUSION, SOTROVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING	05/26/2021
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

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 treatment drug was administered with COVID diagnosis U07.1 (Confirmed COVID-19 infection) or a COVID 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

Procedure Code	Description	Effective Date
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
M0240	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION OR INJECTION, AND POST ADMINISTRATION MONITORING, SUBSEQUENT REPEAT DOSES	07/30/2021
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
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

Procedure Code	Description	Effective Date
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
M0245	INTRAVENOUS INFUSION, BAMLANIVIMAB AND ETESEVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING	02/09/2021 at previous rate 05/06/2021 at latest rate
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

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
Q0247	INJECTION, SOTROVIMAB, 500 MG	05/26/2021

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 National Drug Code (NDC) and dose indicator into consideration.

- Payments are calculated by comparing the "Paid Amount" at the "Incentive Amount Paid" line to the current Fee-for-service (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 Texas Medicaid & Healthcare Partnership (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'	12/18/2020 at previous rate 04/01/2021 at latest rate
SCC field 420-DK = '06'	Moderna second dose: NDC = '80777027310' or '80777027399' or '80777027315' or '80777027398'	12/18/2020 at previous rate 04/01/2021 at latest rate
SCC field 420-DK = '07'	Moderna third (additional) dose: NDC = '80777027310' or '80777027399' or '80777027315' or '80777027398'	08/12/2021
SCC field 420-DK = '10'	Moderna booster dose: NDC = '80777027310' or '80777027399' or '80777027315' or '80777027398'	10/20/2021

Dose Indicator	NDC	Effective Date
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
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
SCC field 420-DK = '07'	Pfizer third (additional) dose: NDC = '59267100001' or '59267100002' or '59267100003' or '00069100002' or '00069100003'	08/12/2021
SCC field 420-DK = '10'	Pfizer booster dose: NDC = '59267100001' or '59267100002' or '59267100003' or '00069100002' or '00069100003'	09/22/2021
SCC field 420-DK = '02'	Pfizer (5-11 yrs old) first dose: NDC = '59267105501' or '59267105502' or '59267105504'	10/29/2021
SCC field 420-DK = '06'	Pfizer (5-11 yrs old) second dose: NDC ='59267105501' or '59267105502' or '59267105504'	10/29/2021
SCC field 420-DK = '07'	Pfizer (5-11 yrs old) third dose: NDC = '59267105501' or '59267105502' or '59267105504'	01/03/2022
SCC field 420-DK = '02'	Pfizer (12Y Up) first dose: NDC = '59267102501' or '59267102503' or '59267102504'	01/03/2022
SCC field 420-DK = '06'	Pfizer (12Y Up) second dose: NDC = '59267102501' or '59267102503' or '59267102504'	01/03/2022

Dose Indicator	NDC	Effective Date
SCC field 420-DK = '07'	Pfizer (12Y Up) third dose: NDC = '59267102501' or '59267102503' or '59267102504'	01/03/2022
SCC field 420-DK = '10'	Pfizer (12Y Up) booster dose: NDC = '59267102501' or '59267102503' or '59267102504'	01/03/2022
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
SCC field 420-DK = '10'	Johnson & Johnson booster dose: NDC = '59676058005' or '59676058015'	10/20/2021

*Note: New NDC codes will be added in the future upon approval.

Pharmacy Encounters for Oral COVID-19 Drug:

The following Oral COVID-19 Drugs are reimbursed by the dispensing fee amount.

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

- Payments for COVID-19 Oral Drugs are calculated by comparing the "Dispensing Fee Paid" 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.

  COVID-19 Oral Drugs are reimbursed based upon the dispensing fee amount.

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

Treatment

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 Fee-for-service (FFS) equivalent amount based on APR-DRG and paying the lesser of the two amounts.

  HHSC is calculating the Fee for Service (FFS) equivalent based on the assigned all patient refined-diagnosis related group (APR-DRG) to reimburse inpatient COVID-19 related treatment. The historical diagnosis related groups (DRG) grouper for relative weights and historical service delivery areas (SDA) are published by Texas Medicaid & Healthcare Partnership (TMHP) on its Acute Care Hospital Reimbursement | TMHP webpage.

The *Secondary Diagnosis* represents Header 1st diagnosis code through Header 25th diagnosis code on an encounter. Any of the secondary diagnoses that exist on fields 1-25 within the encounter will be captured for medical treatment non-risk criteria.

Diagnosis Criteria

Confirmed COVID-19 Primary Diagnosis with a Qualifying Secondary Manifestation – Prior to April 1, 2021.

An Institutional medical encounter with a primary diagnosis of U07.1 and a combination of any one of the following secondary diagnosis 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)
	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

Primary Diagnosis	Secondary Diagnosis
	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)

Confirmed and Suspected Primary COVID-19 Diagnosis with a Qualifying Secondary Manifestation – <u>As of April 1, 2021.</u>

<u>Effective 4/1/2021</u>, an Institutional medical encounter with a primary diagnosis of a confirmed or suspected case of COVID-19 and <u>a combination of</u> any one of the following secondary diagnosis.

Primary Diagnosis	Secondary Diagnosis
U07.1 (Confirmed COVID-19 infection)	A41.89 (other specified sepsis)
Z11.52 (encounter for screening for COVID-19)	A41.9 (sepsis, unspecified organism)
Z86.16 (personal history of COVID-19)	D65 (Disseminated intravascular coagulation)
Z20.822 (Contact with and (suspected) exposure to COVID-19)	D68.8 (Other specified coagulation defects)
Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out)	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)

Primary Diagnosis	Secondary Diagnosis
	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)

Primary Diagnosis	Secondary Diagnosis
	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)

Confirmed COVID-19 Secondary Diagnosis with a Qualifying <u>Primary</u> Diagnosis – <u>Prior to April 1, 2021.</u>

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 diagnosis 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)	

Confirmed and Suspected COVID-19 Secondary Diagnosis with a Qualifying Primary Diagnosis – As of April 1, 2021.

Effective 4/1/2021, an Institutional medical encounter with a secondary diagnosis of a confirmed or suspected case of COVID-19 and a combination of any one of the following primary diagnosis.

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)
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)
P35.8 (other congenital viral diseases)	Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out)
T86 (Complications of transplanted organs)	

Note: A three-character diagnosis code encompasses any that code and any other sub-codes. E.g., "I26" includes "I26.0", "I26.01", "I26.02", etc. The primary diagnosis code is defined as the encounter detail record "DETAIL_1_DIAG_CD" field and the secondary diagnosis code is defined as the encounter detail record "DETAIL_2_DIAG_CD" field.

Contact

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