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Certain COVID-19 Procedure Codes Implemented Retroactively

Background:

Procedure codes C9803 for specimen collection and S8301 for personal protective equipment above and beyond normal protocol are a benefit of Texas Medicaid, effective March 1, 2020 and April 1, 2020 respectively.

Key Details:

MCOs should reprocess claims for procedure codes C9803 and S8301 that were denied or that did not include the additional payment, waiving the 95-day filing deadline for providers that had not submitted claims.

HHSC directs MCOs to waive the 95-day filing deadline under Title 1, Part 15, Chapter 354, Medicaid Health Services, Subchapter A, Division 1, §354.1003:

D) Submission of claims occurred within the 365-day federal filing deadline, but the claim was not filed within 95-days from the date of service because the service was determined to be a benefit of the Medicaid program and an effective date for the new benefit was applied retroactively.

MCOs must notify providers of the submission timeline for these two services codes.

Action:

Claims that denied or that did not include the additional payment for the above referenced codes, within the dates of service on or after March 1, 2020 (C9803) and April 1, 2020 (S8301) respectively, should be automatically reprocessed no later than 60 days after HHSC retroactively adjusts the Medicaid fee schedule.

As described in section 8.1.4.8 Provider Reimbursement, of the managed care contract, if the MCO fee schedule is derived from the Medicaid fee schedule, the MCO must implement fee schedule changes after the Medicaid fee schedule change, and any retroactive claim adjustments must be completed within 60 business days after HHSC retroactively adjusts the Medicaid fee schedule

Resources:

- Reimbursement Rate Updates for Procedure Code C9803 Effective March 1, 2020 for Medicaid, FPP, HTW, and the CSHCN Services Program
- Reimbursement Rate Updates for Texas Medicaid Effective April 1 through the Remainder of the COVID-19 Disaster Declaration

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Type: Informational

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