

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
PROVIDER FINANCE DEPARTMENT**

**Notice of Proposed Adjustments to Fees, Rates, or
Charges for Medicaid Biennial Calendar Fee Review
of Clinical Labs COVID-19 Codes**

**Adjustments are proposed to be effective
March 1, 2024, and September 1, 2024**

SUMMARY OF PROPOSED ADJUSTMENTS

To Be Effective March 1, 2024, and September 1, 2024

Included in this document is information relating to the proposed adjustments to Medicaid payment for the Medicaid Biennial Calendar Fee Review of Clinical Labs COVID-19 Codes. The Texas Health and Human Services Commission (HHSC) intends to submit an amendment to the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act to update the fee schedules to reflect these proposed adjustments. The rates are proposed to be effective March 1, 2024, and September 1, 2024.

Hearing

The Texas Health and Human Services Commission (HHSC) will conduct a hearing to receive public comment on proposed Medicaid payment rates detailed in this document on November 14, 2023, at 9:00 AM. The hearing will be held in compliance with Texas Human Resources Code §32.0282, which requires public notice of and hearings on proposed Medicaid reimbursements. HHSC will broadcast the public hearing; the broadcast can be accessed at <https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings>. The broadcast will be archived and can be accessed on demand at the same website.

This hearing will be conducted both in-person and as an online event. Members of the public may attend the rate hearing in person, which will be held in the Public Hearing Rooms 1.401, 1.402, 1.403 and 1.404 in the North Austin Complex, 4601 W Guadalupe St, Austin, Texas.

Please register for HHSC Public Rate Hearing for Medicaid Reimbursement Rates on November 14, 2023, 9:00 AM CDT at:

<https://attendee.gotowebinar.com/register/44179910691418972>

HHSC will consider all concerns expressed at the hearing prior to final rate approval. This public hearing will be held in compliance with the provisions of Human Resources Code §32.0282 which requires a public hearing on proposed payment rate adjustments. Should you have any questions regarding the information in this document, please contact:

Provider Finance Acute Care Services
Texas Health and Human Services Commission
E-mail: PFDAcuteCare@hhs.texas.gov

A recording of the webinar will be archived and can be accessed on demand at <https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings>.

Background

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program. Proposed rates are calculated utilizing established methodologies that conform to the Social Security Act and related federal regulations, the federally approved Texas Medicaid State Plan, all applicable state statutes and rules, and other requirements. HHSC reviews the Medicaid reimbursement rates for all acute care services every two years. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are conducted to ensure that rates continue to be based on established rate methodologies.

Methodology

The specific administrative rules that govern the establishment of the fees in this proposal were calculated in accordance with Title 1 of the Texas Administrative Code (TAC):

- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners;
- §355.8441, which addresses the reimbursement methodology for early and periodic screening, diagnosis, and treatment services (EPSDT); and
- §355.8610, which addresses the reimbursement methodology for clinical laboratory services;

Proposed Rate Adjustments

A summary of the methodologies used to determine the proposed fee-for-service Medicaid rates is listed below:

- Procedure codes and descriptions used in the Texas Medicaid Program are national standard code sets as required by federal laws; Healthcare Common Procedural Coding System (HCPCS) and Current Procedural Terminology (CPT).

- For items or services covered under a Medicare fee schedule, a percentage of the Medicare fee is used in accordance with applicable sections of the Texas Administrative Code and Texas State Plan.
- Clinical Labs COVID-19 Codes that were initially set at 100% of the Medicare Rate are adjusted to standard state defined percentages in two phases, effective March 1, 2024, and September 1, 2024.

Specific proposed payment rate adjustments are listed in the attachments outlined below:

A(6b) - Clinical Labs COVID-19 Codes (proposed to be effective March 1, 2024, and September 1, 2024)

Written Comments

Written comments regarding the proposed payment rate adjustments will be accepted in lieu of, or in addition to, oral testimony until 5 p.m. the day of the hearing. Written comments may be sent by U.S. mail to the Texas Health and Human Services Commission, Attention: Provider Finance Department, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Provider Finance Department at (512) 730-7475; or by e-mail to PFDAcuteCare@hhs.texas.gov. In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Provider Finance Department, Mail Code H-400, North Austin Complex, 4601 W Guadalupe St, Austin, Texas 78751.

Persons with disabilities who wish to attend the hearing and require auxiliary aids or services should contact Provider Finance Department at (512) 730-7401 at least 72 hours in advance for appropriate arrangements.

This public rate hearing briefing packet presents proposed payment rates and is distributed at HHSC public rate hearings and posted by the proposed effective date on the HHSC website at <https://pfd.hhs.texas.gov/rate-packets>. Proposed rates may or may not be adopted, depending on HHSC management decisions after review of public comments and additional information. Provider and public notification about adoption decisions are published on the Texas Medicaid and Healthcare Partnership (TMHP) website at <http://www.tmhp.com> in banner messages, bulletins, notices, and updates to the Texas Medicaid fee schedules. The fee schedules are available in static files or online lookup at <http://public.tmhp.com/FeeSchedules>.

Preferred Communication. For quickest response please use e-mail or phone, if possible, for communication with HHSC related to this rate hearing.

Persons with disabilities who wish to participate in the hearing and require auxiliary aids or services should contact Provider Finance at (512) 730-7401 at least 72 hours before the hearing so appropriate arrangements can be made.

Calendar Fee Review Attachment A(6b) - Clinical Diagnostic Laboratory Services Covid-19 Codes (proposed to be effective March 1, 2024, and September 1, 2024)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT				3/1/2024				9/1/2024											
							Current Non-State Clinical Lab Fee	Current Sole Community Lab Fee	Current DSHS Clinical Lab Fee	Current Rural Hospital Rural Sole Community Fee	Proposed Non-State Clinical Lab Fee	Proposed Sole Community Lab Fee	Proposed DSHS Clinical Lab Fee	Proposed Rural Hospital and Sole Community Fee	Percent Change from Current - Adjusted Non-State Clinical Lab Fee	Percent Change from Current - Adjusted Sole Community Lab Fee	Percent Change from Current - DSHS Clinical Lab Fee	Percent Change from Current - Rural Hospital and Sole Community Fee	Proposed Non-State Clinical Lab Fee	Proposed Sole Community Lab Fee	Proposed DSHS Clinical Lab Fee	Proposed Rural Hospital and Sole Community Fee	Percent Change from Current - Adjusted Non-State Clinical Lab Fee	Percent Change from Current - Adjusted Sole Community Lab Fee	Percent Change from Current - DSHS Clinical Lab Fee	Percent Change from Current - Rural Hospital and Sole Community Fee
5	86328	**		0-999	N/F		\$45.28	\$45.28	\$45.28	\$45.28	\$41.66	\$62.03	\$48.90	\$62.03	-7.99%	36.99%	7.99%	36.99%	\$38.04	\$62.03	\$48.90	\$62.03	-8.69%	0.00%	0.00%	0.00%
5	86328	**	QW	0-999	N/F		\$45.28	\$45.28	\$45.28	\$45.28	\$41.66	\$62.03	\$48.90	\$62.03	-7.99%	36.99%	7.99%	36.99%	\$38.04	\$62.03	\$48.90	\$62.03	-8.69%	0.00%	0.00%	0.00%
5	86408	**		0-999	N/F		\$42.13	\$42.13	\$42.13	\$42.13	\$38.76	\$57.72	\$45.50	\$57.72	-8.00%	37.00%	8.00%	37.00%	\$35.39	\$57.72	\$45.50	\$57.72	-8.69%	0.00%	0.00%	0.00%
5	86409	**		0-999	N/F		\$105.33	\$105.33	\$105.33	\$105.33	\$96.90	\$144.30	\$113.76	\$144.30	-8.00%	37.00%	8.00%	37.00%	\$88.48	\$144.30	\$113.76	\$144.30	-8.69%	0.00%	0.00%	0.00%
5	86413	**		0-999	N/F		\$42.13	\$42.13	\$42.13	\$42.13	\$38.76	\$57.72	\$45.50	\$57.72	-8.00%	37.00%	8.00%	37.00%	\$35.39	\$57.72	\$45.50	\$57.72	-8.69%	0.00%	0.00%	0.00%
5	86769	**		0-999	N/F		\$42.13	\$42.13	\$42.13	\$42.13	\$38.76	\$57.72	\$45.50	\$57.72	-8.00%	37.00%	8.00%	37.00%	\$35.39	\$57.72	\$45.50	\$57.72	-8.69%	0.00%	0.00%	0.00%
5	87426	**		0-999	N/F		\$45.23	\$45.23	\$45.23	\$45.23	\$41.61	\$61.97	\$48.85	\$61.97	-8.00%	37.01%	8.00%	37.01%	\$37.99	\$61.97	\$48.85	\$61.97	-8.70%	0.00%	0.00%	0.00%
5	87426	**	QW	0-999	N/F		\$45.23	\$45.23	\$45.23	\$45.23	\$41.61	\$61.97	\$48.85	\$61.97	-8.00%	37.01%	8.00%	37.01%	\$37.99	\$61.97	\$48.85	\$61.97	-8.70%	0.00%	0.00%	0.00%
5	87428	**		0-999	N/F		\$30.94	\$30.94	\$30.94	\$30.94	\$28.46	\$42.39	\$33.42	\$42.39	-8.02%	37.01%	8.02%	37.01%	\$25.99	\$42.39	\$33.42	\$42.39	-8.68%	0.00%	0.00%	0.00%
5	87428	**	QW	0-999	N/F		\$30.94	\$30.94	\$30.94	\$30.94	\$28.46	\$42.39	\$33.42	\$42.39	-8.02%	37.01%	8.02%	37.01%	\$25.99	\$42.39	\$33.42	\$42.39	-8.68%	0.00%	0.00%	0.00%
5	87635	**		0-999	N/F		\$51.31	\$51.31	\$51.31	\$51.31	\$47.21	\$70.29	\$55.41	\$70.29	-7.99%	36.99%	7.99%	36.99%	\$43.10	\$70.29	\$55.41	\$70.29	-8.71%	0.00%	0.00%	0.00%
5	87635	**	QW	0-999	N/F		\$51.31	\$51.31	\$51.31	\$51.31	\$47.21	\$70.29	\$55.41	\$70.29	-7.99%	36.99%	7.99%	36.99%	\$43.10	\$70.29	\$55.41	\$70.29	-8.71%	0.00%	0.00%	0.00%
5	87636	**		0-999	N/F		\$142.63	\$142.63	\$142.63	\$142.63	\$131.22	\$195.40	\$154.04	\$195.40	-8.00%	37.00%	8.00%	37.00%	\$119.81	\$195.40	\$154.04	\$195.40	-8.70%	0.00%	0.00%	0.00%
5	87636	**	QW	0-999	N/F		\$142.63	\$142.63	\$142.63	\$142.63	\$131.22	\$195.40	\$154.04	\$195.40	-8.00%	37.00%	8.00%	37.00%	\$119.81	\$195.40	\$154.04	\$195.40	-8.70%	0.00%	0.00%	0.00%
5	87637	**		0-999	N/F		\$142.63	\$142.63	\$142.63	\$142.63	\$131.22	\$195.40	\$154.04	\$195.40	-8.00%	37.00%	8.00%	37.00%	\$119.81	\$195.40	\$154.04	\$195.40	-8.70%	0.00%	0.00%	0.00%
5	87637	**	QW	0-999	N/F		\$142.63	\$142.63	\$142.63	\$142.63	\$131.22	\$195.40	\$154.04	\$195.40	-8.00%	37.00%	8.00%	37.00%	\$119.81	\$195.40	\$154.04	\$195.40	-8.70%	0.00%	0.00%	0.00%
5	87811	**		0-999	N/F		\$41.38	\$41.38	\$41.38	\$41.38	\$38.07	\$56.69	\$44.69	\$56.69	-8.00%	37.00%	8.00%	37.00%	\$34.76	\$56.69	\$44.69	\$56.69	-8.69%	0.00%	0.00%	0.00%
5	87811	**	QW	0-999	N/F		\$41.38	\$41.38	\$41.38	\$41.38	\$38.07	\$56.69	\$44.69	\$56.69	-8.00%	37.00%	8.00%	37.00%	\$34.76	\$56.69	\$44.69	\$56.69	-8.69%	0.00%	0.00%	0.00%
5	87913	**		0-999	N/F		\$257.45	\$257.45	\$257.45	\$257.45	\$236.85	\$352.71	\$278.05	\$352.71	-8.00%	37.00%	8.00%	37.00%	\$216.26	\$352.71	\$278.05	\$352.71	-8.69%	0.00%	0.00%	0.00%
5	C9803	hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source		0-999	F		\$23.46	\$23.46	\$23.46	\$23.46	\$22.96	\$34.20	\$26.96	\$34.20	-2.13%	45.78%	14.92%	45.78%	\$20.97	\$34.20	\$26.96	\$34.20	-8.67%	0.00%	0.00%	0.00%
5	U0001	cdc 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel		0-999	N/F		\$35.92	\$35.92	\$35.92	\$35.92	\$33.05	\$49.21	\$38.79	\$49.21	-7.99%	37.00%	7.99%	37.00%	\$30.17	\$49.21	\$38.79	\$49.21	-8.71%	0.00%	0.00%	0.00%
5	U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc		0-999	N/F		\$51.31	\$51.31	\$51.31	\$51.31	\$47.21	\$70.29	\$55.41	\$70.29	-7.99%	36.99%	7.99%	36.99%	\$43.10	\$70.29	\$55.41	\$70.29	-8.71%	0.00%	0.00%	0.00%
5	U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc	QW	0-999	N/F		\$51.31	\$51.31	\$51.31	\$51.31	\$47.21	\$70.29	\$55.41	\$70.29	-7.99%	36.99%	7.99%	36.99%	\$43.10	\$70.29	\$55.41	\$70.29	-8.71%	0.00%	0.00%	0.00%

*Type of Service (TOS)	
5	Laboratory
Modifier	
QW	Clinical Laboratory Improvement Amendment (CLIA)

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