

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

**Notice of Adjustments to Fees, Rates or Charges for  
Quarterly Healthcare Common Procedure Coding  
System (HCPCS) Updates Related to Coronavirus  
Disease 2019 (COVID-19)**

**Adjustments are to be effective  
December 28, 2021**

## **SUMMARY OF ADJUSTMENTS**

**To Be Effective December 28, 2021**

In accordance with section 418.016 of the Texas Government code, the Office of the Governor has provided the Texas Health and Human Services Commission a waiver to suspend requirements of Texas Human Resource Code 32.0282 and Title 1, Chapter 355.201(e) and Title 1, Chapter 355.105(g) of the Texas Administrative Code to ensure timely delivery of necessary medical services in relation to the COVID-19 Response. Included in this document is information relating to the adjustments to Medicaid payment rates for Quarterly HCPCS Updates Related to COVID-19. The rates are to be effective December 28, 2021.

As HHSC has received a waiver to Rate Hearing Requirements, there will not be a rate hearing conducted. Should you have any questions regarding the information in this document, please contact:

Provider Finance for Acute Care Services  
Texas Health and Human Services Commission  
E-mail: [PFDAcuteCare@hhs.texas.gov](mailto:PFDAcuteCare@hhs.texas.gov)

### **Background**

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program. 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 include these rules in Title 1 of the Texas Administrative Code:

- §355.8052, which addresses the reimbursement methodology for inpatient hospital services;
- §355.8061, which addresses Outpatient Hospital Reimbursement;
- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners;
- §355.8121, which addresses the reimbursement for Ambulatory Surgical Centers; and
- §355.8441, which addresses the reimbursement methodologies for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services (known in Texas as Texas Health Steps).

### **Proposed Rate Adjustments**

A summary of the methodologies used to determine the 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).
- A review of the Medicare rate for the same or similar services.

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

Att 1 - COVID-19 (C9507) Hospital (December 28, 2021)

### **Effective for Duration of Disaster**

Rates as presented in this packet are proposed to be effective for the duration of the declared state of disaster stemming from COVID-19. Following the conclusion of the state of disaster, these rates will be reevaluated and potentially repriced according to HHSC methodology.

### **Written Comments**

Written comments regarding the payment rate adjustments in the packet may be sent by U.S. mail to the Texas Health and Human Services Commission, Attention: Provider Finance, 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](mailto:PFDAcuteCare@hhs.texas.gov). In addition, written comments will be accepted by overnight mail to Texas Health and Human Services Commission, Attention: Provider Finance Department, Mail Code H-400, 4601 Guadalupe St, Austin, Texas 78714-9030.

This public rate packet presents payment rates adopted and is on the HHSC website at <https://pfd.hhs.texas.gov/rate-packets>. 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>.

Attachment 1 - COVID-19 (C9507) Hospital (December 28, 2021)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/Facility (F)	Place of Service (POS)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT		12/28/2021		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	
1	C9507	Plasma, high titer covid-19 convalescent, each unit	0-999	F	5	60,61,62	Not a Benefit	Not a Benefit	\$750.50	\$750.50	100.00%

*Type of Service (TOS)	
1	Medical Services
Provider Type	
51	Ambulatory Surgical Center- Freestanding/ Independent
52	Ambulatory Surgical Center- Hospital Based
60	Hospital- Long Term, Limited, or Specialized
61	Hospital- Private Full Care
62	Hospital- private, O/P Service/ Emergency Care Only

**\*\* Required Notice:** The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2022 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.