



CHIP Copay Non-Risk Payment Reimbursement Criteria

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

Scope

- HHSC evaluates 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 Children's Health Insurance Program (CHIP) copays.
- The encounters in scope are medical encounters only.
 - Medical encounters criteria with a date of service (DOS) on and after **12/21/2022** will capture all in-office visits and COVID-19 CHIP copays. A monthly reconciliation will occur to avoid duplicate payments for office visits and COVID-19 CHIP copay criteria.
 - For the purposes of non-risk reimbursement of CHIP copays, HHSC will use the designated copay amount field for FQHC wrap encounters to reimburse the amount a CHIP MCO paid the provider in lieu of a CHIP member paying a copay.
 - When an MCO submits encounter data, the MCO will enter the amount paid to the provider (in lieu of a CHIP member paying a copay) in the field in which FQHC wrap payments are entered.
 - Submit co-pay amount in the first iteration of 2320 loop:
 - CAS01 = PR
 - CAS02 = 3
 - CAS03 = co-pay amount

- Each payment will have an associated MCO report posted to TexMedCentral (file located in the XXXLIB Folder). The naming convention will be provided at a later date once confirmed.
- The programs in scope are: CHIP.
- There are four categories of reimbursement:
 - Medical Office Visits – Outpatient
 - Test & Diagnostic – Outpatient only
 - Administration of the COVID-19 Vaccine and Drug Treatments – Outpatient only
 - Medical Treatment – Inpatient and Outpatient

CHIP Copay Reimbursement Criteria for Encounter Records

Scenarios Logic

1. Office Visits:

- The reimbursement will be based on a criterion of transaction type, managed care program, encounter status, type of bill, date of service, place of service, diagnosis or procedure, and co-payment amount.
- Professional Encounters.
 - Program Code = CH
 - 837 Transaction Code = 'P'
 - Encounter Status Cd = 'P'
 - Place of Service Code = '05' or '06' or '07' or '08' or '11' or '15' or '17' or '19' or '20' or '22' or '49' or '50' or '53' or '60' or '62' or '71' or '72'
 - Header FDOS Dt Cal >= 03/13/2020
 - Encounter Submitted Date >= 3/13/2020

- Institutional Encounters.
 - Program Code = CH
 - 837 Transaction Code = 'I'
 - Encounter Status Cd = 'P'
 - Type of Bill = '130' or '131' or '137' or '711' or '717' or '721' or '727'
 - Header FDOS Dt Cal >= 03/13/2020
 - Encounter Submitted Date >= 3/13/2020

2. COVID-19 Test & Diagnostic:

- The criteria evaluate instances of COVID-19 test and diagnostic services in professional and outpatient encounters.
- 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
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])
86408	NEUTRALIZING ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]); SCREEN
86409	NEUTRALIZING ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]); TITER
86413	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) ANTIBODY, QUANTITATIVE
86769	ANTIBODY; SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])

Procedure Code	Description
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, SARSCOV-2 [COVID-19])
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
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
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
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
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])
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER THAN AN OFFICE TO A LABORATORY (DISTANCE MAY BE INDICATED)
C9803	HOSPITAL OUTPATIENT CLINIC VISIT SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), ANY SPECIMEN SOURCE

Procedure Code	Description
G2023	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), ANY SPECIMEN SOURCE
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
S8301	INFECTION CONTROL SUPPLIES, NOT OTHERWISE SPECIFIED
U0001	CDC 2019 NOVEL CORONAVIRUS (2019-NCOV) REAL-TIME RT-PCR DIAGNOSTIC PANEL
U0002	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE TYPES OR SUBTYPES (INCLUDES ALL TARGETS), NON-CDC
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
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
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

3. Administration of the COVID-19 Vaccine and Drug Treatments:

- The criteria evaluate instances of the administration of the COVID-19 vaccine and drug treatments in medical encounters.
- 837P Professional and 837I Outpatient encounters only. (Inpatient encounters are excluded as these will be covered in Treatment logic.)

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

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

Procedure Code	Description
0001A	ADM SARSCOV2 30MCG/0.3ML 1st
0002A	ADM SARSCOV2 30MCG/0.3ML 2nd
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD
0004A	ADM SARSCOV2 30MCG/0.3ML BST
0011A	ADM SARSCOV2 100MCG/0.5ML1ST
0012A	ADM SARSCOV2 100MCG/0.5ML2ND
0013A	ADM SARSCOV2 100MCG/0.5ML3RD
0031A	ADM SARSCOV2 VAC AD26 .5ML
0034A	ADM SARSCOV2 VAC AD26 .5ML B
0051A	ADM SARSCV2 30MCG TRS-SUCR 1
0052A	ADM SARSCV2 30MCG TRS-SUCR 2

Procedure Code	Description
0053A	ADM SARSCV2 30MCG TRS-SUCR 3
0054A	ADM SARSCV2 30MCG TRS-SUCR B
0064A	ADM SARSCOV2 50MCG/0.25MLBST
0071A	ADM SARSCV2 10MCG TRS-SUCR 1
0072A	ADM SARSCV2 10MCG TRS-SUCR 2
0073A	ADM SARSCV2 10MCG TRS-SUCR 3

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

Procedure Code	Description
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

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

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

Procedure Code	Description
M0247	INTRAVENOUS INFUSION, SOTROVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING

Procedure Code	Description
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

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

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
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
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
M0240	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION OR INJECTION, AND POST ADMINISTRATION MONITORING, SUBSEQUENT REPEAT DOSES
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
M0243	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION AND POST ADMINISTRATION MONITORING
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

Procedure Code	Description
M0245	INTRAVENOUS INFUSION, BAMLANIVIMAB AND ETESEVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING
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

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

A medical encounter where the primary diagnosis code is U07.1 (Confirmed COVID-19 infection).

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

Procedure Code	Description
Q0247	INJECTION, SOTROVIMAB, 500 MG

4. Medical Treatment:

Encounters Criteria

A medical encounter where the service was in an Inpatient or Outpatient setting.

- Transaction Type = 'I'

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.

The *Secondary Diagnosis* represents Header 1st diagnosis code through Header 25th diagnosis code on an encounter. Any of the secondary diagnoses

exist on fields 1-25 within the encounter will be captured for medical treatment non-risk CHIP copay criteria.

Diagnosis Criteria

4.1 Confirmed COVID-19 Primary Diagnosis with any Secondary Diagnosis code.

Effective for dates of service on and after **12/21/2022**, a medical encounter with a primary diagnosis of U07.1 and any secondary diagnosis code:

Primary Diagnosis	Secondary Diagnosis
U07.1 (Confirmed COVID-19 infection)	Any secondary diagnosis code

4.2 Confirmed COVID-19 Secondary Diagnosis with any Primary Diagnosis

Effective for dates of service on and after **12/21/2022**, a medical encounter with a secondary diagnosis of a confirmed COVID-19 infection and any primary diagnosis:

Primary Diagnosis	Secondary Diagnosis
Any primary diagnosis	U07.1 (Confirmed COVID-19 infection)

4.3 Post COVID-19 Secondary Diagnosis with any Primary Diagnosis

Effective for dates of service on and after **12/21/2022**, a medical encounter with a secondary diagnosis of a post COVID-19 condition, unspecified and any primary diagnosis:

Primary Diagnosis	Secondary Diagnosis
Any Primary Diagnosis	U09.9 (Post COVID-19 condition, unspecified)

Contact

Please direct questions and/or feedback to NonRisk.Appeals@hhs.texas.gov and Pramila.Nepal@hhs.texas.gov