

## **All MCOs & MMPs: Clarification to “Procedure Code Addition and Update for Coronavirus (COVID-19)”**

### **Background:**

This is a clarification to the notice “Procedure Code Addition and Update for Coronavirus (COVID-19),” posted on the TexConnect Message Center, July 13, 2020.

### **Key Details:**

Procedure code S8301 may be reported for any encounter throughout the public health emergency in which personal protective equipment (PPE) above and beyond normal protocol is required to safely treat a patient with or without a diagnosis of COVID-19. For example, if under normal circumstances gloves alone are sufficient for the encounter, any additional PPE required is considered “above and beyond normal protocol”. Commonly used supplies for any given service/procedure is not considered “above and beyond normal protocol”.

Procedure code S8301 is reimbursed in accordance with 1 TAC §355.8023 and is subject to manual pricing at the documented MSRP less 18 percent, or the provider’s documented invoice cost. However, MCOs may choose to establish a different payment arrangement with their providers. Standard claims filing deadlines apply. Procedure code S8301 does not require prior authorization.

### **Action:**

Medicaid MCOs must process and pay Medicaid provider claims in accordance with the benefit limits and exclusions as stated for this code.

### **Resources:**

Providers can refer to the current Texas Medicaid Provider Procedures Manual, section 2.4.2 “Reimbursement” for more information and section 8.1.18.5, “Claims Processing Requirements,” in the Uniform Managed Care Manual (UMCM).

When billing for procedure code S8301 for fee-for-service clients, providers must submit the appropriate receipts/invoices with a paper claim as part of the regular claims process.

### **Contact:**

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