

# Reimbursement Rate Updates for Clinician-Administered Drugs Procedure Codes Effective April 1, 2019 and July 1, 2019

Information posted September 10, 2019

**Note:** *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

Effective September 5, 2019, for dates of service on or after April 1, 2019, and July 1, 2019, reimbursement rates will be updated for some Clinician-Administered Drugs procedure codes.

The following tables show the updates:

## Effective for dates of services on or after April 1, 2019

[Clinician-Administered Drugs procedure codes C9043, C9044, and C9141](#)

Affected claims with dates of service from April 1, 2019, through September 5, 2019, if any are identified, will be reprocessed. Providers are not required to appeal the claims unless they are denied for additional reasons after the claims reprocessing is complete.

## Effective for dates of services on or after July 1, 2019

[Clinician-Administered Drugs procedure codes C9141 and J7208](#)

Affected claims with dates of service from July 1, 2019, through September 5, 2019, if any are identified, will be reprocessed. Providers are not required to appeal the claims unless they are denied for additional reasons after the claims reprocessing is complete.

For more information:

- \* Refer to the Health and Human Services Rate Analysis web page at [rad.hhs.texas.gov/rate-packets](http://rad.hhs.texas.gov/rate-packets).
- \* Call the TMHP Contact Center at 1-800-925-9126.

Procedure Codes C9141 and J7208

TOS*	Procedure Code	Age Range	Non-Facility (N)/Facility (F)	Current Medicaid Fee	Percent Reduction	Current Adjusted Medicaid Fee	Medicaid Fee Effective 7/1/2019	Percent Reduction	Adjusted Medicaid Fee Effective 7/1/2019
1	C9141	0-999	N/F	\$2.24	0%	\$2.24	Not a Benefit	0%	Not a Benefit
1	J7208	0-999	N/F	Not a Benefit	0%	Not a Benefit	\$2.24	0%	\$2.24

\*Type of Service (TOS): 1 = Medical Services

**Procedure Codes C9043, C9044 and C9141**

<b>TOS*</b>	<b>Procedure Code</b>	<b>Age Range</b>	<b>Non-Facility (N)/Facility (F)</b>	<b>Current Medicaid Fee</b>	<b>Percent Reduction</b>	<b>Current Adjusted Medicaid Fee</b>	<b>Medicaid Fee Effective 4/1/2019</b>	<b>Percent Reduction</b>	<b>Adjusted Medicaid Fee Effective 4/1/2019</b>
1	C9043	0-999	N/F	Not a Benefit	0%	Not a Benefit	\$4.80	0%	\$4.80
1	C9044	0-999	N/F	Not a Benefit	0%	Not a Benefit	\$31.20	0%	\$31.20
1	C9141	0-999	N/F	Not a Benefit	0%	Not a Benefit	\$2.24	0%	\$2.24

**\*Type of Service (TOS): 1 = Medical Services**