UPDATE TO "SEPARATE REIMBURSEMENT OF CERTAIN INPATIENT HIGH-COST DRUG AND BIOLOGICS (HCCADS)"

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BACKGROUND

On March 3, 2025, VDP issued a notice titled Separate Reimbursement of Certain Inpatient High-Cost Drug and Biologics.

KEY DETAILS

The attached MCO Claims Processing Requirements document contains updated HCCAD billing guidance; specifically, the policy allows for the use of the specialty pharmacy, if available, and rescinds the provider reimbursement guidance as Texas Medicaid does not mandate provider reimbursement for HCCADs in managed care.

RESOURCES

2025 0523 - Requirements for claims processing HCCAD

PRELIMINARY COMMUNITY HEALTH CHOICE POLICY AND PROCEDURE

Community Health Choice (Community) is required to process claims for designated High-Cost Clinician Administered Drugs (HCCADs) that are administered as part of an inpatient admission to be billed in accordance with instructions from Health and Human Services (HHSC) Vendor Drug Program (VDP).

1. Prior Authorization: Submit request through Utilization Management (UM); authorization must be for outpatient use only.
2. Single Case Agreement (SCA): Once approved, Provider Contracting drafts an SCA requiring:
    a. An invoice showing the actual acquisition cost.
    b. Invoice must include member name, DOB, and ID number.
3. Invoice Submission: Send invoice to HCCADinvoices@communityhealthchoice.org before the claim can be paid.
4. Claim Review & Payment: Claims will compare the invoice cost to the TMHP fee schedule and pay the lower amount.
5. No Invoice = No Payment: Claims won't be paid until the required invoice is received.

QUESTIONS

For any questions regarding this notice, please contact your Community Provider Engagement Manager (provider representative).