



Driscoll Health Plan

News and Updates



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Contact Information

For questions or additional assistance, contact:

Provider Relations
956-632-8308

To enter authorization requests and upload clinical via the Provider Portal, visit driscollhealthplan.com/providers

To verify authorization requirements via the Authorization Requirement Portal, visit driscollhealthplan.com/priorauthcheck

To submit authorization requests or clinical to the UM Dept. via fax, send to 1-866-741-5650

Attention: High-Cost Clinician Administered Drugs (HCCAD)

Separate Reimbursement of Certain Inpatient High-Cost Drug and Biologics

While Medicaid covers drugs and biologics administered in both inpatient and outpatient settings, those administered in an inpatient setting are usually not reimbursed separately to hospitals. Instead, they are bundled into a Diagnosis Related Group (DRG) payment reflecting all average hospital costs associated with providing care for the patient's primary diagnosis and complications. DRG payments exclude separate reimbursement for high-cost drugs or biologics, which can range from hundreds of thousands of dollars to upwards of three million dollars per dose.

Per HHSC, effective June 2nd, High-Cost Clinical Administered Drugs (HCCAD) are drugs or biologics that HHSC has approved to be "carved out" of the All-Patient Refined Diagnosis Related Group (APR-DRG) and are to be billed on an outpatient claim.

The following billing guidelines apply to outpatient claims of HCCAD.

1. The hospital must claim separate payment for the HCCAD on an outpatient claim. Payment for the HCCAD must not be bundled with any other service.
2. The claim for the HCCAD must be separate from any facility/institutional claim the hospital submits for all other hospital services delivered to the member during the same visit. The associated inpatient or outpatient charges with the same date(s) of service are billed separately and remain part of the APR-DRG.
3. The date of administration of the drug should be used on the HCCAD outpatient claim.
4. Along with the members name, date(s) of service, and other required information, the HCCAD claim must include:
 - a. The NDC qualifier of N4
 - b. The appropriate 11-digit National Drug Code (NDC) and corresponding HCPCS code for the drug; and
 - c. The number of units of the drug administered to the member that is covered by the claim; and
 - d. The NDC unit of measurement. There are five allowed values: F2, GR, ML, UN or ME

* To access the DHP provider portal , visit driscollhealthplan.com