

Texas Medicaid Fee Schedule Information Ambulance

Field Descriptions

TOS: One-character type-of-service (TOS) code .

TOS Desc: Description of the TOS.

Proc code: Procedure code.

Mod 1: 1st Modifier, if required for pricing determination.

Mod 2: 2nd Modifier, if required for pricing determination.

Client Age From: From age, if required for pricing determination. *This is not the age restriction of the procedure.* For procedure codes that contain more than one pricing row, if the first row is defined by 0-999 age range and the second row is defined by age range 21-999, the age range for the first row 0-999 is actually for clients 0-20. For procedure codes that contain more than one pricing row, if the first row is defined by 0-999 age range and the second row is defined by age range 0-20, the age range for the first row 0-999 is actually for clients 21-999. See the 2008 Texas Medicaid Provider Procedures Manual (TMPPM) for exact age limitations. Correct age ranges will be available in Medicaid fee schedules at a later date.

Client Age Through: Through age, if required for pricing determination. *This is not the age restriction of the procedure.* For procedure codes that contain more than one pricing row, if the first row is defined by 0-999 age range and the second row is defined by age range 21-999, the age range for the first row 0-999 is actually for clients 0-20. For procedure codes that contain more than one pricing row, if the first row is defined by 0-999 age range and the second row is defined by age range 0-20, the age range for the first row 0-999 is actually for clients 21-999. See the 2008 TMPPM for exact age limitations. Correct age ranges will be available in Medicaid fee schedules at a later date.

TMRM Payable: Texas Medicaid reimbursement methodology (TMRM) payable amount per Title 1 *Texas Administrative Code* (TAC) §355.8085. The payable amount for resource-based fees (RBFs) is calculated by multiplying the total relative value units (RVUs) by the applicable Texas Medicaid conversion factor.

Total RVUs: The current RVUs for the procedure code, if the fee is a resource-based fee (RBF). For anesthesia services, RVUs are actually base units.

Conv Factor: The Texas Medicaid conversion factor applicable for determining the TMRM payable for RBFs or for determining payment for anesthesia services.

PPS Fee: Prospective Payment System (PPS) fee.

Access-Based or Max Fee: Per 1 TAC, fees are either RBFs or access-based fees (ABFs) for physician services or the maximum fee for nonphysician services.

Effective Date: The effective date for total RVUs for RBFs. For fees other than RBFs, the effective date for the PPS, access-based, or max fee.

Note Code: Note code indicator. *Providers should review each note code to identify specific payment explanation or limitation.*

Note code description:

5 This procedure is manually reviewed to determine pricing.

TOS	TOS Desc	Proc Code	Mod 1	Mod 2	Client Age From	Client Age Through	TMRM Payable	Total RVUs	Conv Factor	PPS Fee	Access Based or Max Fee	Effective Date	Note Codes
9	Other/DME Purchase Used	A0225			0	999						01/01/1982	5
9	Other/DME Purchase Used	A0380			0	999						04/01/1995	5
9	Other/DME Purchase Used	A0382			0	999					\$20.30	09/01/1999	
9	Other/DME Purchase Used	A0384			0	999						04/01/1995	5
9	Other/DME Purchase Used	A0425			0	999					\$4.50	09/01/2007	
9	Other/DME Purchase Used	A0425	ET		0	999					\$4.50	09/01/2007	
9	Other/DME Purchase Used	A0428			0	999					\$200.00	09/01/2007	
9	Other/DME Purchase Used	A0429			0	999					\$250.00	09/01/2007	
9	Other/DME Purchase Used	A0430			0	999					\$2,250.00	09/01/2007	
9	Other/DME Purchase Used	A0431			0	999					\$3,000.00	09/01/2007	
9	Other/DME Purchase Used	A0435			0	999					\$16.24	10/16/2003	
9	Other/DME Purchase Used	A0436			0	999					\$16.24	10/16/2003	
9	Other/DME Purchase Used	A0999			0	999						12/19/1976	5