

## Texas Medicaid Fee Schedule Information Mental Health Rehabilitative Services

### 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:

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
1	Medical Services	G0177			0	999					\$20.50	08/31/2004	
1	Medical Services	H0034			0	999					\$11.58	08/31/2004	
1	Medical Services	H0034	HA	HQ	0	999					\$2.89	08/31/2004	
1	Medical Services	H0034	HQ		0	999					\$1.93	08/31/2004	
1	Medical Services	H2011			0	999					\$31.33	08/31/2004	
1	Medical Services	H2014			0	999					\$23.04	08/31/2004	
1	Medical Services	H2014	HQ		0	999					\$2.37	08/31/2004	
1	Medical Services	H2017			0	999					\$31.52	08/31/2004	
1	Medical Services	H2017	HQ		0	999					\$3.53	08/31/2004	