

Effective January 23, 2008, for dates of service on or after January 1, 2007, the rates listed below will apply. Rates are calculated by multiplying the Medicaid conversion factor \$27.276 by the relative value units (RVUs) provided.

Type of Service (TOS)	Procedure Code	RVU	Medicaid Rate
4	37210	14.33	\$390.87
4	70554	16.52	\$450.60
I	70554	2.81	\$76.65
T	70554	13.71	\$373.95
I	70555	3.37	\$91.92
4	76813*	3.43	\$93.56
I	76813*	1.56	\$42.55
T	76813*	1.87	\$51.01
4	78614*	2.29	\$62.46
I	78614*	1.31	\$35.73
T	78614*	0.98	\$26.73
I	77022	5.70	\$155.47
4	91111*	19.70	\$537.34
2	15731	24.96	\$680.81
2	19307	28.85	\$786.91
2	22526	9.31	\$253.94
2	22527	4.31	\$117.56
2	25109	13.09	\$357.04
2	33203	21.60	\$589.16
8	33203	3.46	\$94.37
2	33675	58.64	\$1,599.46
8	33675	9.38	\$255.85
2	33676	60.48	\$1,649.65
8	33676	9.68	\$264.03
2	33677	62.87	\$1,714.84
8	33677	10.06	\$274.40
2	33724	42.11	\$1,148.59
8	33724	6.74	\$183.84
2	33726	55.53	\$1,514.64
8	33726	8.88	\$242.21
2	35883	35.22	\$960.66
2	35884	37.41	\$1,020.40

2	49324	9.80	\$267.30
2	49325	10.56	\$288.03
2	49326	4.86	\$132.56
2	49435	3.13	\$85.37
2	49436	4.60	\$125.47
2	55876	3.04	\$82.92
2	57296	24.89	\$678.90
8	57296	3.98	\$108.56
2	58541	22.39	\$610.71
8	58541	3.58	\$97.65
2	58542	24.78	\$675.90
8	58542	3.96	\$108.01
2	58543	25.20	\$687.36
8	58543	4.03	\$109.92
2	58544	27.29	\$744.36
8	58544	4.37	\$119.20
2	58548	47.71	\$1,301.34
8	58548	7.63	\$208.12
2	58957	38.64	\$1,053.94
8	58957	6.18	\$168.57
2	58958	42.79	\$1,167.14
8	58958	6.85	\$186.84
2	64910	18.16	\$495.33
2	64911	22.09	\$602.53
<b>*Not covered by the CSHCN Services Program.</b>			

Claims submitted with dates of service on or after January 1, 2007, and any of the procedure codes listed above will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

#### **Procedure Code 70554**

The January 2007 *Healthcare Common Procedure Coding System (HCPCS) Special Bulletin*, No. 200, did not list procedure code I-70554 and incorrectly indicated that procedure code 4-70554 was not covered. Procedure codes I-70554 and 4-70554 are a benefit of the Texas Medicaid Program and the Children with Special Health Care Needs (CSHCN) Services Program with the pricing listed above.

#### **Procedure Codes 76813 and 76814**

The January 2007 *Healthcare Common Procedure Coding System (HCPCS) Special Bulletin*, No. 200, incorrectly indicated that procedure codes 76813 and 76814 were

covered as a type of service (TOS) G. The only payable TOS codes for these procedures are 4, I, and T.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-  
CSHCN Services Program Contact Center at 1-800-568-2413.