

Effective for dates of service on or after July 1, 2007, procedure code 1-J7319 has been discontinued, and it has been replaced by procedure codes 1-Q4083, 1-Q4084, 1-Q4085, and 1-Q4086. Effective for dates of service on or after July 1, 2007, Texas Medicaid Program providers must submit procedure codes 1-Q4083, 1-Q4084, 1-Q4085, and 1-Q4086 for consideration of reimbursement. These procedure codes must complete the rate hearing process to be assigned reimbursement rates. Claims submitted between July 1, 2007, and the date on which the rates are established will be reprocessed. Providers are responsible for meeting all filing and appeal deadlines.

Other changes include:

Procedure codes 1-S3905 and 5/G-S3800 are new non-covered procedure codes and do not replace existing procedure codes.

The descriptions for procedure codes 9-A6200, 9-A6201, 9-A6202, 1-J1567, and 2/8/F-S2068 have changed.

Modifiers KG, KK, KL, KT, and KU have been added, and the descriptions for modifiers GY and KX have changed.

Procedure code 2/8/F- S2078 is discontinued and may not be submitted for reimbursement.

Providers must contact the appropriate copyright holder to obtain the procedure code descriptions.

Medicaid Policy Updates

The following Texas Medicaid Program policy changes have been made to support the Second Quarter 2007 Healthcare Common Procedure Coding System (HCPCS) updates.

Home Health Respiratory Equipment and Supplies

The following procedure codes are benefits of the Texas Medicaid Program with the following limitations:

Procedure Code	Limitation
J-K0553	1 every 3 months
J-K0554	2 per month
J-K0555	2 per month

Mastectomy and Breast Reconstruction

Procedure codes 2/8-S2066 and 2/8-S2067 are benefits of the Texas Medicaid Program if they are submitted with diagnosis code 1740, 1741, 1742, 1743, 1744, 1745, 1746, 1748, 1749, 1750, 1759, 19881, 2330, or V103. Procedure codes 2/8-S2066 and 2/8-S2067 are considered for reimbursement to physicians in the inpatient and outpatient hospital settings.

Speech Language Pathology Services and Speech Therapy

Procedure code 1-S9152 is a benefit of the Texas Medicaid Program and may be submitted for reimbursement of a reevaluation once every 30 days. Providers must not use procedure code 1-92506 with the U4 modifier to submit claims for a reevaluation.

Procedure code 1-S9152 may be submitted by the following providers in the office, home, inpatient and outpatient hospital, and other settings:

Setting	Providers
Office	Advanced practice nurses, physicians, and Comprehensive Care Program (CCP) providers
Home	Home health agencies and CCP providers
Inpatient hospital	Advanced practice nurses and physicians
Outpatient hospital	Advanced practice nurses, physicians, hospitals, and rehabilitation centers
Other	Advanced practice nurses, School Health and Related Services (SHARS) individual providers and group providers, and physicians

Second Quarter 2007 HCPCS Additions

The following is a list of new procedure codes that do not replace existing codes. All procedure codes that require a rate hearing are indicated with an asterisk in the Allowable column.

Procedure Code	Allowable	Comments
1-C1716	NC	
1-C1717	NC	
1-C1719	NC	
1-C2616	NC	
1-C2634	NC	
1-C2635	NC	
1-C2636	NC	
1-C2637	NC	
1-C2638	NC	
1-C2639	NC	
1-C2640	NC	
1-C2641	NC	
1-C2642	NC	
1-C2643	NC	
1-C2698	NC	
1-C2699	NC	
1-C9728	NC	
J-K0553	*	
J-K0554	*	
J-K0555	*	

Procedure Code	Allowable	Comments
1-Q4083	*	Replaces 1-J7319
1-Q4084	*	Replaces 1-J7319
1-Q4085	*	Replaces 1-J7319
1-Q4086	*	Replaces 1-J7319
1-Q4087	NC	
1-Q4088	NC	
1-Q4089	NC	
1-Q4090	NC	
1-Q4091	NC	
1-Q4092	NC	
1-Q4093	NC	
1-Q4094	NC	
1-Q4095	*	
2/8-S2066	*	
2/8-S2067	*	
1-S3905	NC	
5/G-S3800	NC	
(*) Reimbursement pending rate hearing. (NC) Not covered		

Reminder: Services that are provided before rates have been adopted through the rate hearing process will be denied as part of another service until the applicable reimbursement rate has been implemented. The client cannot be billed for these services. TMHP will reprocess claims after the applicable reimbursement rates have been implemented. Providers should submit claims for the procedure codes as the services are performed so that all filing deadlines are met. Providers are responsible for meeting all filing deadlines and for appealing any claims that are denied between July 1, 2007, and the date on which the reimbursement rate is implemented.

Modifiers

New modifiers KG, KK, KL, KT, and KU have been added, and the descriptions for modifiers GY and KX have changed. Providers must contact the appropriate copyright holder to obtain the procedure code descriptions.

Second Quarter 2007 HCPCS Deletions

Procedure codes 1-J7319 and 2/8/F-S2078 have been discontinued and may not be submitted for reimbursement.

For more information, call the TMHP Contact Center at 1-800-925-9126.