

Reminder: Reimbursement for Inpatient Hospital Services Limited to \$200,000 per Benefit Year

Information posted May 10, 2013

Reminder: Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program reimbursement for acute care inpatient hospital services is limited to \$200,000 per client, per benefit year. Claims are accumulated systematically and payments that exceed \$200,000 are cut back, denied, or recouped.

For additional information, providers can refer to *Texas Medicaid Provider Procedures Manual, Inpatient and Outpatient Hospital Services Handbook*, subsection 3.1.1 “Reimbursement Limitations” or *CSHCN Services Program Provider Manual*, sections 24.3.1.3, “Renal (Kidney) Transplants” and 24.3.1.4 “Stem Cell Transplants.”

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