Initial Reimbursement Rates and Reimbursement Rate Changes for Texas Medicaid Proposed to Be Effective January 1, 2014, and April 1, 2014

Information posted March 13, 2014

At a public rate hearing on February 19, 2014, the Texas Health and Human Services Commission (HHSC) presented initial reimbursement rates and reimbursement rate changes for some procedure codes proposed to be implemented as follows:

Effective for dates of service on or after January 1, 2014

1. 2014 annual Healthcare Common Procedure Coding System (HCPCS) initial rates for the following:
   - Physician-administered drugs (non-oncology)
   - Speech therapy evaluations
   - Surgery and assistant surgery
   - Nonclinical laboratory services
   - Radiation therapy
   - Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS)
   - Early and periodic screening, diagnosis, and treatment dental services (EPSDT)
   - Ambulatory surgery center services
   - Physician-administered drugs (oncology)
   - Clinical diagnostic laboratory services

2. Calendar fee review for hospital outpatient imaging services

Effective for dates of service on or after April 1, 2014

1. Calendar fee reviews for the following:
   - Cardiovascular system surgery
   - Digestive system surgery
   - G codes (screening, mammography, vessel mapping, and ultrasound)
   - Musculoskeletal system surgery
   - Physician administered drugs – oncology
   - Physician administered drugs – non-oncology
   - Proton therapy
   - Urinary system surgery
   - Clinical diagnostic laboratory services
2. Medical policy reviews for the following:
   - Health and behavioral assessments and intervention - Comprehensive Care Program (CCP)
   - Mobility aids accessory rentals

3. 2013 HCPCS 3rd quarter update

For more information, providers may refer to the HHSC rate analysis web page at www.hhsc.state.tx.us/rad/rate-packets.shtml. Additional details will be published on this website as they become available.