Update to ‘Proposed Reimbursement Rates Changes and Updates for Some Procedure Codes to Be Effective October 1, 2014 for Texas Medicaid’

Information posted September 25, 2014

Note: This article applies to claims submitted to TMHP for processing. For claims processed by a Medicaid managed care organization (MCO), providers must refer to the MCO for information about benefits, limitations, prior authorization, and reimbursement.

Note: The Texas Medicaid reimbursement rates identified in the rate tables in this article will also be applied to procedure codes that may be reimbursed as Expanded Primary Health Care (EPhC) Program services. Providers can refer to the Online Fee Schedule (OFL) for procedure codes that may be reimbursed as EPhC services.

This is an update to an article titled “Proposed Reimbursement Rates Changes and Updates for Some Procedure Codes to be Effective October 1, 2014 for Texas Medicaid,” which was published on this website on September 22, 2014.

This article contains a list of affected reimbursement rate categories. The second note above was added to include information about the EPhC Program.

Effective for dates of services on or after October 1, 2014, proposed reimbursement rate changes and updates for some procedure codes were presented at a public rate hearing on August 21, 2014.

The following topics were covered at the rate hearing:

1. Calendar Fee Review topics:
   - (1) Family Planning
   - (2) General and Integumentary System Surgery
   - (3) Orthotics and Prosthetics
   - (4) Physician Administered Drugs-Oncology
   - (5) Physician Administered Drugs-Nononcology
   - (6) Respiratory Therapists

2. Rate Updates
   - Cardiovascular System Surgery
   - G Codes

3. Medical Policy reviews for the following:
   - Neurostimulators and Neuromuscular Stimulators
   - Sleep Studies

Providers may refer to the HHSC rate analysis web page at www.hhsc.state.tx.us/rad/rate-packets.shtml for the proposed reimbursement rates.