

Modifier to be Required for Intermittent Hydrophilic Catheters Claim Submissions for the CSHCN Services Program

Information posted November 13, 2014

Effective November 14, 2014, for dates of service on or after November 1, 2014, claim submissions must be billed with modifier SC when billing for intermittent hydrophilic catheters procedure code A4351 for the Children with Special Health Care Needs (CSHCN) Services Program. The reimbursement rate for procedure code A4351 is \$3.36.

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