Update to ‘Initial Reimbursement Rates for Prognostic Breast and Gynecological Cancer Studies Procedure Codes to be effective January 1, 2015’

Information posted December 11, 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, 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 Department of State Health Services (DSHS) Family Planning Program and 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 “Initial Reimbursement Rates for Prognostic Breast and Gynecological Cancer Studies Procedure Codes to be effective January 1, 2015,” which was published on this website on December 2, 2014. Procedure code S3854 has been added as a benefit for prognostic and gynecological cancer studies in addition to those listed in the previous article. This procedure code will also become effective on January 1, 2015.

The rates in the tables below are effective for dates of service on or after January 1, 2015:

- Prognostic breast and gynecological cancer studies procedure code S3854

For more information, call the TMHP Contact Center at 1-800-925-9126.
<table>
<thead>
<tr>
<th>TOS*</th>
<th>Procedure Code</th>
<th>Modifier**</th>
<th>Age Range</th>
<th>Non-Facility (N)/Facility (F)</th>
<th>Provider Type (PT) / Provider Specialty (PS)***</th>
<th>Current Medicaid RVU**</th>
<th>Current Medicaid Conversion Factor</th>
<th>Current Medicaid Fee</th>
<th>Current Adjusted Medicaid Fee</th>
<th>1/1/2015 Medicaid RVU**</th>
<th>1/1/2015 Medicaid Conversion Factor</th>
<th>1/1/2015 Medicaid Fee</th>
<th>1/1/2015 Adjusted Medicaid Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>S3854</td>
<td></td>
<td>0-20</td>
<td>N/F</td>
<td>Not a Benefit</td>
<td>Not a Benefit</td>
<td></td>
<td></td>
<td></td>
<td>1/1/2015 Medicaid RVU**</td>
<td>1/1/2015 Medicaid Conversion Factor</td>
<td>$2,200.00</td>
<td>$2,200.00</td>
</tr>
<tr>
<td>5</td>
<td>S3854</td>
<td></td>
<td>21-999</td>
<td>N/F</td>
<td>Not a Benefit</td>
<td>Not a Benefit</td>
<td></td>
<td></td>
<td></td>
<td>1/1/2015 Medicaid RVU**</td>
<td>1/1/2015 Medicaid Conversion Factor</td>
<td>$2,200.00</td>
<td>$2,200.00</td>
</tr>
</tbody>
</table>

*Type of Service (TOS): 5 = Laboratory

PROGNOSTIC BREAST & GYNECOLOGICAL CANCER STUDIES (Procedure Code S3854 Effective January 1, 2015)