Proposed Reimbursement Rate Changes and Updates for Some Procedure Codes to Be Effective January 1, 2015, and July 1, 2015, for Texas Medicaid

Information posted June 12, 2015

Note: This article applies only to claims submitted to TMHP for processing. Refer to the Medicaid managed care organizations (MCOs) for information about MCO benefits, limitations, prior authorization, reimbursement, and MCO specific claim processing procedures.

Effective for dates of services on or after January 1, 2015, and July 1, 2015, proposed reimbursement rate changes and updates for some procedure codes were presented at a public rate hearing on May 14, 2015.

The following topics were covered at the rate hearing:

Effective for dates of service on or after January 1, 2015

Special Review: Radiology codes 76641 and 76642

Effective for dates of service on or after July 1, 2015

1. Calendar Fee Review topics:
   - Medicine (Other)
   - Ophthalmological Services
   - Gastroenterology
   - Noninvasive Vascular Diagnostic Studies
   - Cardiography and Echocardiography
   - Cardiovascular Services including Catheterization
   - Dialysis
   - Clinical Laboratory Services
   - "C" Codes
   - Auditory System Surgery
   - Male Genital System Surgery
   - Pulmonary Services
   - Allergy Tests
   - Intravenous Treatment including Chemotherapy
   - Outpatient Hospital Imaging

2. Medical Policy Review:
   - Breast Cancer (BRCA) Large Rearrangement Testing
- Obstetric Services
- Tuberculosis Services
- Procedure Code 1-S-90661 (Flucelvax)

3. Special Review:
- Medical and Surgical Supplies, A4351 with SC Modifier

Providers may refer to the HHSC rate analysis web page at
www.hhsc.state.tx.us/rad/rate-packets.shtml.
For more information, call the TMHP Contact Center at 1-800-925-9126.