

# Correction to 'Reimbursement Rate Changes for Some Procedure Codes for the CSHCN Services Program to Be Effective January 1, July 1, and August 1 of 2016'

Information posted August 4, 2016

This is a correction to an article titled "[Reimbursement Rate Changes for Some Procedure Codes for the CSHCN Services Program to Be Effective January 1, July 1, and August 1 of 2016](#)," which was posted on this website on July 28, 2016. The article listed incorrect reimbursement rates for the procedure codes in the table titled Home Health and/or Hospice.

The updated table below shows the correct reimbursement rate changes:

## Home Health and/or Hospice

TOS*	Procedure Code	POS	PT / MOD*	Age Range	Fee Effective 1/1/2016	Percent Reduction	Adjusted Fee (Net of Reductions) Effective 1/1/2016
C	G0299	2	PT - 44	0-20	\$25.24	2.0%	\$24.74
C	G0299	2	PT - 44	21-999	\$25.24	2.0%	\$24.74
C	G0300	2	PT - 44	0-20	\$25.24	2.0%	\$24.74
C	G0300	2	PT - 44	21-999	\$25.24	2.0%	\$24.74

Type of Service (TOS)\*: C = Home Health Procedure  
 Provider Type PT\*\*: 44 = Home Health Agency

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