

Reimbursement Rate Changes for Some Respiratory Equipment and Supplies Procedure Codes for the CSHCN Services Program Effective March 1, 2017

Information posted March 30, 2017

Effective for dates of service on or after March 1, 2017, reimbursement rates for some Respiratory Equipment and Supplies procedure codes for the Children with Special Health Care Needs (CSHCN) Services program were changed.

The following table includes the procedure codes with reimbursement rates that were changed:

[Respiratory Equipment and Supplies](#)

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

Respiratory Equipment and Supplies

TOS*	Procedure Code	Modifier**	Age Range	Non-Facility (N), Facility(F)	RVU	Conversion Factor	Fee Effective 3/1/2017	Percent Reduction	Adjusted Fee Effective 3/1/2017
9	A4606		0-999	N			\$36.90	0%	\$36.90
9	A4606	U5	0-999	N			\$187.13	0%	\$187.13
9	A4623		0-999	N			\$5.28	0%	\$5.28
9	A4623	U3	0-999	N			\$2.57	0%	\$2.57
9	A7025		0-999	N			\$468.88	0%	\$468.88
9	A7036		0-999	N			\$9.62	0%	\$9.62
9	A7520	TF	0-999	N			Not a Benefit		Not a Benefit
9	A7520	U1	0-999	N			\$104.86	0%	\$104.86
9	A7520	TG	0-999	N			Not a Benefit		Not a Benefit
9	A7520	U2	0-999	N			Manually Priced	0%	Manually Priced
9	A7521	TF	0-999	N			Not a Benefit		Not a Benefit
9	A7521	U1	0-999	N			\$104.86	0%	\$104.86
9	A7521	TG	0-999	N			Not a Benefit		Not a Benefit
9	A7521	U2	0-999	N			Manually Priced	0%	Manually Priced
9	E0441		0-999	N			\$50.45	0%	\$50.45
L	E0441		0-999	N			Not a Benefit		Not a Benefit
9	E0442		0-999	N			\$50.45	0%	\$50.45
L	E0442		0-999	N			Not a Benefit		Not a Benefit
9	E0443		0-999	N			\$49.79	0%	\$49.79
L	E0443		0-999	N			Not a Benefit		Not a Benefit
9	E0444		0-999	N			\$49.79	0%	\$49.79
L	E0444		0-999	N			Not a Benefit		Not a Benefit
J	E0445	U4	0-20	N			\$2,036.88	0%	\$2,036.88
L	E0445	U4	0-999	N			\$203.69	0%	\$203.69
L	E0445		0-999	N			\$50.92	0%	\$50.92
J	E0500		0-999	N			\$953.90	0%	\$953.90
J	E0572		0-999	N			Not a Benefit		Not a Benefit
L	E0572		0-999	N			Not a Benefit		Not a Benefit
L	E0585		0-999	N			Not a Benefit		Not a Benefit
L	E0618		0-999	N			\$233.53	0%	\$233.53
J	E0619		21-999	N			\$1,956.52	0%	\$1,956.52
L	E0619		21-999	N			\$195.65	0%	\$195.65
L	K0462		0-999	N			\$48.76	0%	\$48.76
L	K0730		0-999	N			Not a Benefit		Not a Benefit
5	95012		0-20	N/F	0.55	28.0672	\$15.44	0%	\$15.44
5	95012		21-999	N/F	0.55	26.7305	\$14.70	0%	\$14.70

*Type of Service (TOS): 9 = Other Medical Items or Services, J = Durable Medical Equipment Purchase - New, L = Durable Medical Equipment Rental - Monthly.

**Modifier: TF = Tracheostomy with specialized functions, TG = Custom-made tracheostomy, TG* = Oximeter Device - complex/high level of care, U1 = Tracheostomy with specialized functions, U2 = Custom-made tracheostomy, U3 = Disposable tracheostomy - up to 31 per calendar month, U4 = Oximeter Device - complex/high level of care, and U5 = Reusable oxygen probe - 1 unit per 6 calendar months.