Proposed Reimbursement Rate Changes for Texas Medicaid to Be Effective July 1, 2017, and October 1, 2017

Information posted July 28, 2017

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

Effective for dates of services on or after July 1, 2017, and October 1, 2017, proposed reimbursement rate changes will be presented at a public rate hearing on August 8, 2017. Implementation of these reimbursement rates is pending. Providers will be notified when a final decision has been made.

The following topics will be covered at the rate hearing:

Effective for dates of service on or after July 1, 2017


Effective for dates of service on or after October 1, 2017

- Calendar fee reviews for the following:
  - Ambulance
  - Blood products
  - Dental services
  - Ear, nose, and throat
  - Hospital outpatient imaging
  - Nuclear medicine
  - Physician administered (PA) drugs - non oncology
  - Physician administered (PA) drugs - oncology
  - Radiation oncology
  - Rural hospital outpatient imaging
  - Substance use disorder services (SUDS)
- Healthcare Common Procedure Coding System (HCPCS) updates
  - Physician administered drugs - First quarter
  - Physician administered drugs - Off cycle
- Medical Policy Review of the following:
  - Magnetoencephalography
  - Procedure Codes J7301 and J7307 for Provider Type 71 (Family planning clinic)
For more information, providers may refer to the proposed reimbursement rates on the HHSC rate analysis web page at [legacy-hhsc.hhsc.state.tx.us/rad/rate-packets.shtml](http://legacy-hhsc.hhsc.state.tx.us/rad/rate-packets.shtml). For more information, call the TMHP Contact Center at 1-800-925-9126.