Proposed Reimbursement Rate Changes for Texas Medicaid to Be Effective June 1, 2018, and July 1, 2018

Information posted April 6, 2018

**Note:** Texas Medicaid managed care organizations 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 service on or after June 1, 2018, and July 1, 2018, proposed reimbursement rate changes will be presented at a public rate hearing on May 15, 2018. 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 June 1, 2018**
- Special fee review of Musculoskeletal System Surgery (Type of Service 8, Assistant Surgery)

**Effective for dates of service on or after July 1, 2018**
- Calendar fee review for the following:
  - Eye and ocular adnexa surgery
  - Hearing devices and services
  - Vision devices
  - Temporary professional services (“T” Codes - sign language or oral interpretive services, screening for specified programs and environmental lead investigation)
  - Clinical laboratory services
- Medical policy review of postpartum depression screening
- Special fee review of cardiovascular system surgery (Type of Service 8, Assistant Surgery)

For more information, providers may refer to the HHSC Rate Analysis web page at rad.hhs.texas.gov/rate-packets.

For more information, call the TMHP Contact Center at 1-800-925-9126.