

Correction to ‘Update to “Proposed Reimbursement Rate Changes for Texas Medicaid to become Effective September 1, 2018”’

Information posted October 26, 2018

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.

This is a correction to an article titled ‘[Update to ‘Proposed Reimbursement Rate Changes for Texas Medicaid to become Effective September 1, 2018’](#),’ which was published on this website on July 11, 2018.

In the original article, the table for Ambulance services had some incorrect rates for procedure code A0020 and a missing ET modifier for procedure code A0425.

The link below reflects the correct reimbursement rates and modifier:

TOS*	Procedure Code	Modifier**	Age Range	Non-Facility (N)/Facility (F)	Current Medicaid Fee	Percent Reduction	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/01/2018	Percent Reduction	Adjusted Medicaid Fee Effective 9/01/2018
9	A0020		0-999	N/F	\$4.66	0%	\$4.66	\$4.71	0%	\$4.71
9	A0425	ET	0-999	N/F	\$4.71	0%	\$4.71	\$4.71	0%	\$4.71

*Type of Service (TOS): Other Medical Items or Services

**Modifier: ET = Emergency Transport

Affected claims, if any, identified with dates of service from September 1, 2018, through September 30, 2018, will be reprocessed. Providers are not required to appeal the claims unless they are denied for additional reasons after the claims reprocessing is complete.

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.