

# Reimbursement Rate Updates for Some HCPCS Procedure Codes Effective April 1, 2019

Information posted June 6, 2019

**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 June 6, 2019, for dates of service on or after April 1, 2019, reimbursement rates for some Healthcare Common Procedure Coding System (HCPCS) procedure codes will change.

Affected claims, if any, identified with dates of service from April 1, 2019, through June 6, 2019, will be reprocessed. Providers are not required to appeal the claims unless they are denied for additional reasons after the claims reprocessing is complete.

[Healthcare Common Procedure Coding System Procedure Codes](#)

For more information:

- Refer to the Health and Human Services (HHS) Rate Analysis web page at [rad.hhs.texas.gov/rate-packets](http://rad.hhs.texas.gov/rate-packets).
- Call the TMHP Contact Center at 1-800-925-9126.

**HCPCS Procedure Codes**

<b>TOS*</b>	<b>Procedure Code</b>	<b>Age Range</b>	<b>Non-Facility (N)/Facility (F)</b>	<b>Current Medicaid Fee</b>	<b>Percent Reduction</b>	<b>Current Adjusted Medicaid Fee</b>	<b>Medicaid Fee Effective 4/1/2019</b>	<b>Percent Reduction</b>	<b>Adjusted Medicaid Fee Effective 4/1/2019</b>
1	C9045	0-999	N/F	Not a Benefit	0%	Not a Benefit	\$25.00	0%	\$25.00
1	J7342	0-999	N/F	Not a Benefit	0%	Not a Benefit	\$28.89	0%	\$28.89
1	Q5105	0-999	N/F	Not a Benefit	0%	Not a Benefit	\$1.14	0%	\$1.14
1	Q5106	0-999	N/F	Not a Benefit	0%	Not a Benefit	\$11.36	0%	\$11.36

**\*Type of Service (TOS): 1 = Medical Services**