

Correction to 'Reimbursement Rates for Some 2019 HCPCS Procedure Codes Will Implement for the CSHCN Services Program'

Information posted June 21, 2019

This is a correction to an article titled "[Reimbursement Rates for Some 2019 HCPCS Procedure Codes Will Implement for the CSHCN Services Program](#)," which was published on this website May 24, 2019.

In the original article, the table for Clinical Laboratory Services listed incorrect rates for some procedure codes.

The table below lists the correct rates:

Clinical Laboratory Services							
TOS	Procedure Code	Non-Facility (N)/ Facility (F)	Age Range	Clinical Lab Fee Effective 1/1/2019	Adjusted Clinical Lab Fee Effective 1/1/2019	Sole Community Hospital Fee Effective 1/1/2019	Adjusted Sole Community Hospital Fee Effective 1/1/2019
5	81163	N/F	0-999	\$468.00	\$393.12	\$483.60	\$406.22
5	81164	N/F	0-999	\$584.23	\$490.75	\$603.70	\$507.11
5	81165	N/F	0-999	\$282.88	\$237.62	\$292.31	\$245.54
5	81166	N/F	0-999	\$301.35	\$253.13	\$311.40	\$261.58
5	81167	N/F	0-999	\$282.88	\$237.62	\$292.31	\$245.54
5	81233	N/F	0-999	\$175.40	\$147.34	\$181.25	\$152.25
5	82642	N/F	0-999	\$32.53	\$27.33	\$33.61	\$28.23
5	83722	N/F	0-999	\$35.06	\$29.45	\$36.23	\$30.43

***Type of Service (TOS): 5 = Laboratory**

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