

# Coming October 2019: Third Quarter HCPCS Updates for Texas Medicaid

Information posted August 16, 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.*

On October 1, 2019, TMHP will implement the third quarter 2019 Healthcare Common Procedure Coding System (HCPCS) additions, revisions, and discontinuations, which will be effective for dates of service on or after October 1, 2019.

Discontinued procedure codes will no longer be considered benefits of Texas Medicaid.

Added procedure codes will not be reimbursed until the codes are reviewed and a rate hearing is held. Providers will be notified of any benefit changes in a future article. Providers can refer to the *Texas Medicaid Provider Procedures Manual* for current benefit information.

**Reminder:** *For clinician administered drug procedure codes included in a quarterly HCPCS update and approved to be added as Medicaid benefits by HHSC, the rate may be effective as of the Centers for Medicare & Medicaid Services effective date. Claims will deny until the rate is implemented, but affected claims will be reprocessed back to the CMS effective date. The procedure code(s) will be payable at the published rate until the Texas Health and Human Services Commission rate hearing is held, as required by the Texas Administrative Code 355.201.*

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