

Reimbursement Rates Changes and Updates for Some Mobility Aids Procedure Codes Effective August 1, 2019

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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 for dates of service on or after August 1, 2019, reimbursement rate changes and updates for some mobility aids procedure codes that were presented at a public rate hearing on May 22, 2019, have been implemented.

The table contains updated medical policy review reimbursement rates for [Mobility Aids Patient Lifts](#).

For more information:

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

Mobility Aids Patient Lifts

TOS*	Procedure Code	Age Range	POS**	Current Medicaid Fee	Percent Reduction	Current Adjusted Medicaid Fee	Medicaid Fee Effective 8/1/2019	Percent Reduction	Adjusted Medicaid Fee Effective 8/1/2019
J	E0639	0-20	2	Not a Benefit	0.00%	Not a Benefit	Manually Priced	0.00%	Manually Priced
J	E0639	21-999	2	Not a Benefit	0.00%	Not a Benefit	Manually Priced	0.00%	Manually Priced
J	E0640	0-20	2	Not a Benefit	0.00%	Not a Benefit	Manually Priced	0.00%	Manually Priced
J	E0640	21-999	2	Not a Benefit	0.00%	Not a Benefit	Manually Priced	0.00%	Manually Priced

*Type of Service (TOS): J = DME Purchase - New
 **Place of Service (POS) : 2 = Home