Procedure Code 74712 to Become a Benefit of Texas Medicaid Effective January 1, 2020

Information posted December 17, 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 for dates of service on or after January 1, 2020, magnetic resonance imaging (MRI) of the fetus, placenta, and maternal pelvic imaging procedure code 74712 will become a benefit of Texas Medicaid.

Procedure code 74712 may be reimbursed as follows:

- The total component may be reimbursed:
  - To the physician, radiation treatment center, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the office setting.
  - To the hospital, radiation treatment center, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the outpatient hospital setting.

- The professional component may be reimbursed:
  - To the physician, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the office and outpatient hospital setting.
  - To physician providers for services rendered in the inpatient hospital setting.

- The technical component may be reimbursed:
  - To the physician, radiation treatment center, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the office setting.
• To the radiation treatment center, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the outpatient hospital setting.

Additional prior authorization and benefit limitation criteria will be published in a future notification.

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