

Reimbursement Rate Changes and Updates for Texas Medicaid and Family Planning Program Effective April 1, 2020

Information posted March 23, 2020

***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 April 1, 2020, reimbursement rate changes and updates for procedure codes that were presented at a public rate hearing on February 21, 2020, will be implemented.

The following topics were covered at the public rate hearing:

Effective for dates of services on or after April 1, 2020

- Calendar Fee Review for:
 - [Long Acting Reversible Contraceptives \(LARCs\)](#)
- Medical Policy Review for the following:
 - [Fetal MRI](#)
 - [Fetal MRI \(Rural Hospital Imaging\)](#)
 - [Percutaneous Liver Biopsy](#)
 - [Continuous Glucose Monitoring \(CGM\)](#)
- Quarterly HCPCS
 - [Drugs](#)

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 800-925-9126.