FEE SCHEDULES & ONLINE FEE LOOKUP

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Contents

Overview

The Fee Schedules tool provides fee information for Texas Medicaid, including Texas Health Steps. Fee schedules are also available for the Family Planning Program (FPP), the Children with Special Health Care Needs (CSHCN) Services Program, Healthy Texas Women (HTW), and the Medical Transportation Program (MTP).

The Fee Schedules tool provides:

- Fee information for a single procedure code or multiple procedure codes.

- Fee information by provider type and specialty.

- Fee information for a specific provider (requires a TMHP account).

- Biannually Medicaid fee schedules.
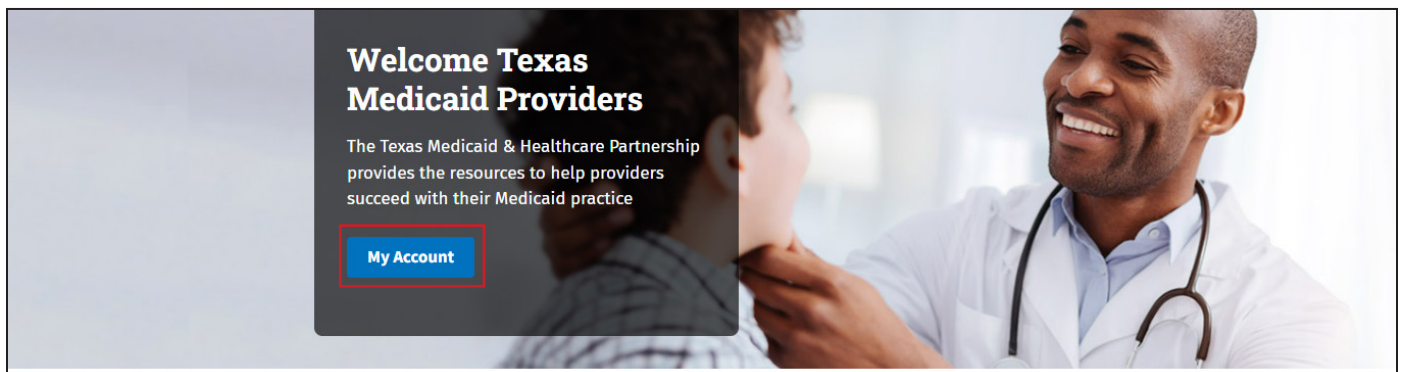
Accessing the Fee Schedules Tool

Users can access the Fee Schedules tool through a secure login using a TMHP account or through public access.
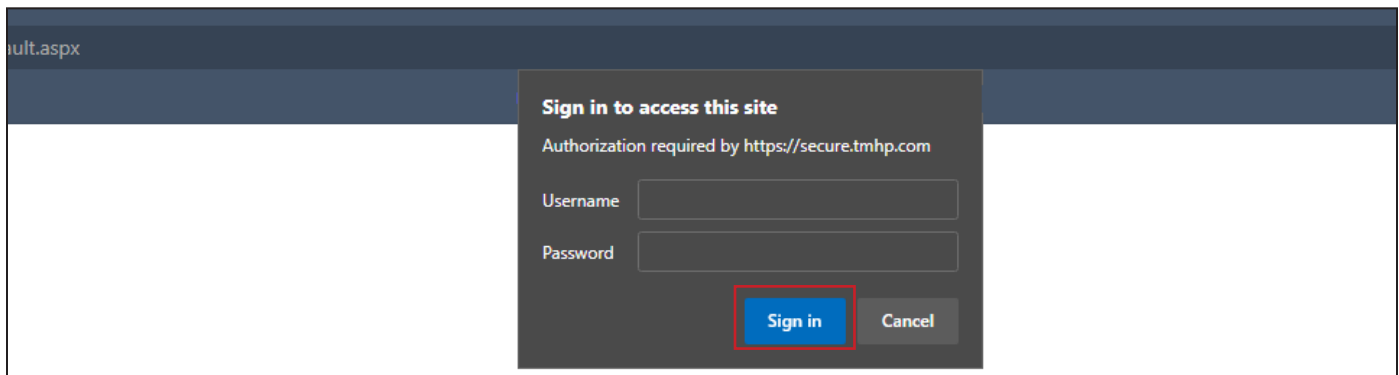
Secure Login

When using the secure login, users only see fee schedules for the current provider associated with that account.

How to Access the Fee Schedules Tool Using a Secure Login

1) Go to tmhp.com.

2) Click **My Account**.

3) Enter the TMHP secure account username and password and click **Sign in**. The My Account page opens.

Note: Passwords are case sensitive.

4) Click **Fee Schedule**. The Fee Schedule page opens.

Public Access
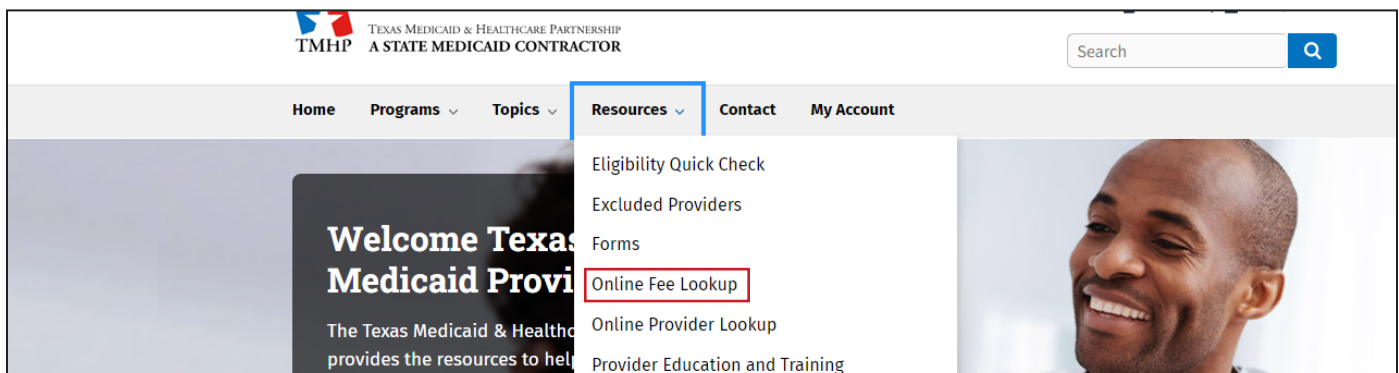
Public access allows any user to access the Fee Schedules tool without a TMHP account. When using public access, users need to select the provider type, provider specialty, and program to search for fee schedules.

How to Access the Fee Schedules Tool Using Public Access

1) Go to tmhp.com.

2) Click **Online Fee Lookup** from the Resources drop-down menu. The Fee Schedules page opens.

Note: Fee Schedules can also be accessed from the CSHCN Services Program page.

Searching for Fee Schedules

There are two ways to search for fee schedules: Static Fee Schedules and Online Fee Search.

Static Fee Schedules

Static Fee Schedules include all applicable rates of reimbursement by provider type and specialty and only provide fees for Texas Medicaid programs. Users can access fee schedules using a secure login or public access.

Static Fee Schedules are available as a Microsoft® Excel file or an Adobe® Portable Document Format (PDF) file. Users must have Microsoft Excel or Adobe Reader installed on their computer to view these files.

The Online Fee Search tool allows users to access fee information for FPP, CSHCN Services Program, HTW, and MTP. The Excel and PDF versions contain the same information.

Users must view fee schedules that match the date of service. The Modified Date column indicates the date that the Static Fee Schedule was created. To locate a specific fee schedule, scroll down the page to find it.

Using Public Access

1) Click **Static Fee Schedules**. The Static Fee Schedule page appears.
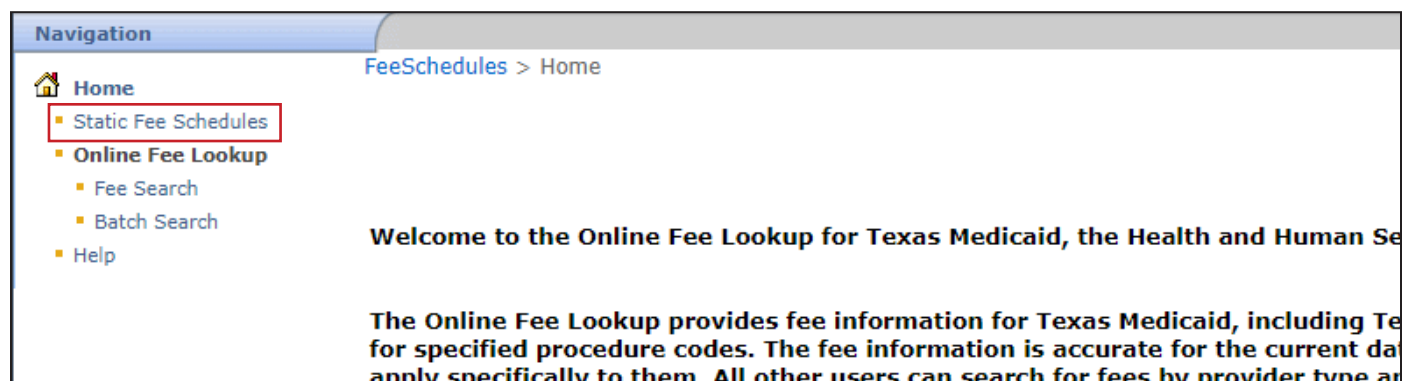
2) Select a provider type and provider specialty from the required drop-down fields.

3) Click **Search**. A list of Static Fee Schedules that apply to the provider type and specialty displays.

4) Click the Excel or PDF icon to view a file. A file download window appears.

Note: If the date of service is not in the current biannual fee schedules, scroll through the Archived Fee Schedules to locate the file.

5) Click **Open**. The file displays.

Using a Secure Login

1) Click **Static Fee Schedules** from the Fee Schedules page. All available Static Fee Schedules display.

2) Select the National Provider Identifier/Atypical Provider Identifier (NPI/API) using the magnifying glass icon.

3) Click **Search**. A list of Static Fee Schedules displays for the provider NPI/API.

4) Click the Excel or PDF icon to view a file. A file download window appears.

5) Click **Open**. The file displays.

Reading Static Fee Schedule Files

Static Fee Schedule files in Excel and PDF contain the same information, but are formatted differently.

Excel File Format

The Excel file contains multiple tabs including: General, Durable Medical Equipment (DME), Clinical Lab, and Note Codes. With the exception of the Note Codes tab, the other tabs only appear if there is information within them. The General tab of the Excel file shows the definitions of each column, and the rates of reimbursement are shown for each procedure code. The first tab can either be General, DME, or Clinical Lab since only tabs with information are shown.

PDF File Format

The PDF file shows all of the same information as the Excel file but instead of tabs, the information is displayed on different pages, in the following order: General, DME, Clinical Lab, and Note Codes. Only pages with information are shown. For example, if the Static Fee Schedule does not contain information related to DME, the DME page is not part of the file. Any applicable note codes are defined on the last page.

Archived Fee Schedules

New fee schedules are available biannually. The previous biannual fee schedules are archived when new fee schedules are updated. The archived files are available as either Excel or PDF files. Unlike the current fee schedules displayed, Archived Fee Schedules cannot be searched by or limited by provider type and specialty.

The biannual delivery schedule is the 15th calendar day in March and September.

Archives can also be created if new fee schedules are produced within a biannual period; this is usually the result of legislation.

Accessing Archived Fee Schedules

Archived Fee Schedules are listed below current Static Fee Schedules. The date field in the archive name is the date the archive was created.

1) Scroll down until you see archived Fee Schedules. Archives are available for five years from the current year.

2) Click an archived file. A new window opens and displays a list of available Static Fee Schedules for that period of time. The modified date when the fee schedule was created is shown for each file.

3) Click the Excel or PDF icon to view a file. A file download box appears.

4) Click **Open**. The file displays.

Online Fee Search

Online Fee Search allows users to search for fee information using the following:

- Procedure code

- Provider type

- Provider specialty

- Program

- Date of service

Using a secure login, users can select the applicable NPI/API, which eliminates the need to enter the provider type and specialty.

Online Fee Lookup (OFL) Search

There are five different types of OFL searches:

- Single Procedure Code

- List of Procedure Codes

- Range of Procedure Codes

- All Applicable Procedure Codes

- Upload from File - only for Health Maintenance Organization (HMO) and Managed Care Organization (MCO) users with a secure TMHP account

Accessing the Online Fee Lookup Search
Refer to the login procedures for accessing the Fee Schedules tool using either a secure login or public access.
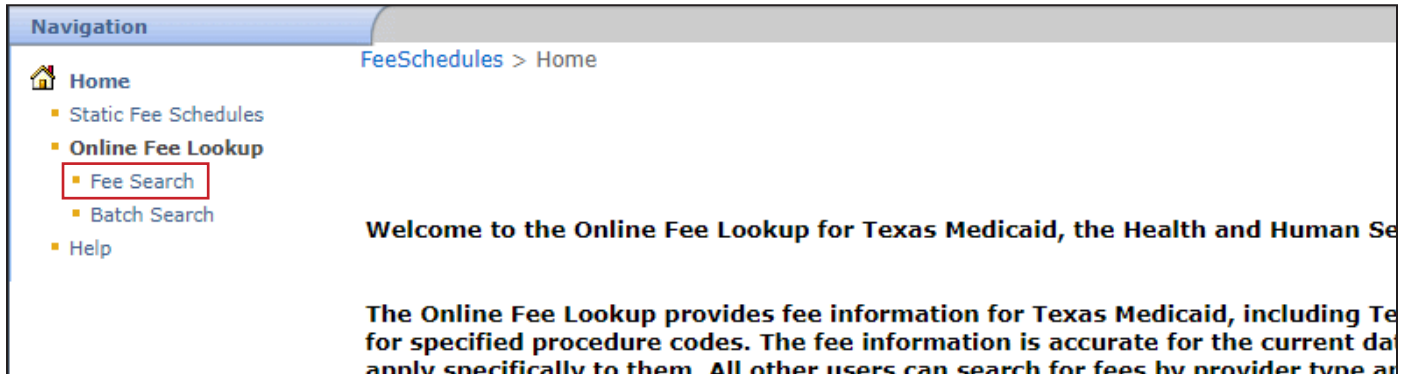
Single Procedure Code

Users can search for fees using a single procedure code and will see the results immediately returned. A message displays if the procedure code is not a benefit for the provider type, specialty, and program.

Single Procedure Code Search using Public Access

Note: Fields with a red dot are required fields.

1) Click **Fee Search** after accessing the Fee Schedules page.

2) Click the Single Procedure Code radio button.

3) Enter a procedure code.

4) Select the provider type and provider specialty from the drop-down fields.

5) Choose the program from the drop-down field.

6) Enter the required Date of Service or select it using the calendar icon. The claim type field is not normally required.
   Note: There may be instances when the claim type is needed, such as when more than one claim type exists for the selected provider type, provider specialty, and program. An error message displays when this occurs.

7) Click **Submit**.

8) Up to 10 procedure codes immediately display.

How to Search for a Single Procedure Code Using a Secure Login

Follow the steps above for searching a single procedure code using public access, except on step 4, use the magnifying glass icon to select the provider NPI/API instead of the provider type and specialty type.

List of Procedure Codes

Users can search for multiple procedure codes using the List of Procedure Codes option. Up to 10 procedure codes immediately display on the screen, but for results greater than 10 procedure codes, a batch file is created. A batch file listing the procedure codes results is available within 36 hours of submitting a fee search.

Note: Search results are limited to 50 procedure codes at one time.

How to Search for a List of Procedure Codes using Public Access

Note: Fields with a red dot are required fields.

1) Click **Fee Search** after accessing the Fee Schedules page.

2) Select the List of Procedure Codes radio button for the type of search.

3) Enter more than 10 procedure codes. Click **Add** to add additional rows, as needed.

4) Select the provider type and provider specialty from the drop-down fields.

5) Choose the program from the drop-down field.

6) Enter the required Date of Service or select it using the calendar icon. The claim type field is not normally required.
   Note: There may be instances when the claim type is needed, such as when more than one claim type exists for the selected provider type, provider specialty, and program. An error message displays when this occurs.

7) Click **Submit**. A batch ID number displays, and results will be available within 36 hours.

8) Record the batch request ID to locate the results using the Batch Search function.

Thank you for your request. Please record the Batch Request ID number(s) below for your records. This Batch ID(s) will allow you to access your search results. Batch results are available within 36 hours.

Batch Request ID:

Multiple worksheets may display results. For more information, please refer to the Help link.

The fee displayed is the allowable rate for this service. Since September 1, 2011, the Online Fee Lookup (OFL) and static fee schedules payment may differ based on provider type, client type program, place of service, or other factors. For additional information about rat articles, the CSHCN Services Program Provider Manual, CSHCN Services Program website articles, the rate reduction web page at https

For information about locating and reading the batch results of a search, refer to the Batch Search section.

How to Search for a List of Procedure Codes Using a Secure Login

Follow the steps above for searching for a list of procedure codes using public access except on step 4, use the magnifying glass icon to select the provider NPI/API instead of the provider type and specialty type.

Range of Procedure Codes

Users can use the Range of Procedure Codes option to search for multiple procedure codes listed in consecutive order, eliminating the need for manual entry of each procedure code. The range of procedure codes can be as large as necessary. The Range of Procedure Codes search creates a batch file available within 36 hours of submitting a fee search.

Note: Search results are limited to 50 procedure codes at one time.

How to Search for a Range of Procedure Codes Using Public Access
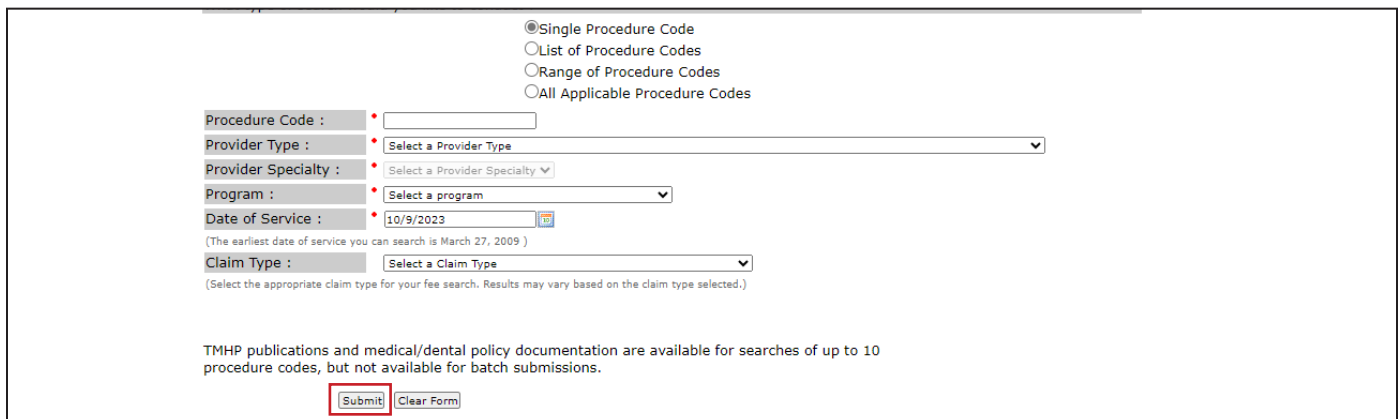
Note: Fields with a red dot are required fields.

1) Click **Fee Search** after accessing the Fee Schedules page.

2) Select the Range of Procedure Codes radio button for the type of search.

3) Enter a procedure code in both the Procedure Code From field and Procedure Code To field.

4) Select the provider type and provider specialty from the drop-down fields.

5) Choose the program from the drop-down field.

6) Enter the required Date of Service or select it using the calendar icon. The claim type field is not normally required.
   Note: There may be instances when the claim type is needed, such as when more than one claim type exists for the selected provider type, provider specialty, and program. An error message displays when this occurs.

7) Click **Submit to Batch**. A batch ID number displays, and results are available within 36 hours.

8) Record the batch request ID to locate the results using the Batch Search function.

For information about locating and reading the batch results of a search, see the Batch Search section in this document.

How to Search for a Range of Procedure Codes Using a Secure Login

Follow the steps above for searching for a range of procedure codes using public access except on step 4, use the magnifying glass icon to select the provider NPI/API instead of the provider type and specialty type.

All Applicable Procedure Codes

Users can search for all applicable procedure codes for a particular provider type and specialty. The All Applicable Procedure Codes search creates a batch file available within 36 hours of submitting a fee search.

Note: Search results are limited to 50 procedure codes at one time.

How to Search for All Applicable Procedure Codes using Public Access

Note: Fields with a red dot are required fields.

1) Click **Fee Search** after accessing the Fee Schedules page.

2) Select the All Applicable Procedure Codes radio button for the type of search.

3) Select the provider type and provider specialty from the drop-down fields.

4) Choose the program from the drop-down field.

5) Enter the required Date of Service or select it using the calendar icon. The claim type field is not normally required.
   Note: There may be instances when the claim type is needed, such as when more than one claim type exists for the selected provider type, provider specialty, and program. An error message displays when this occurs.

6) Click **Submit to Batch**. A batch ID number displays, and results are available within 36 hours.

7) Record the batch request ID to locate the results using the Batch Search function.

Thank you for your request. Please record the Batch Request ID number(s) below for your records. This Batch ID(s) will allow you to access your search results. Batch results are available within 36 hours.

Batch Request ID:

Multiple worksheets may display results. For more information, please refer to the Help link.

The fee displayed is the allowable rate for this service. Since September 1, 2011, the Online Fee Lookup (OFL) and static fee schedules payment may differ based on provider type, client type program, place of service, or other factors. For additional information about rat articles, the CSHCN Services Program Provider Manual, CSHCN Services Program website articles, the rate reduction web page at https

For information about locating and reading the batch results of a search, see the Batch Search section in this document.

How to Search for All Applicable Procedure Codes Using a Secure Login

Follow the steps above for searching all applicable procedure codes using public access except on step 3, use the magnifying glass icon to select the provider NPI/API instead of the provider type and specialty type.

Upload From File

The Upload From File option is only for HMO and MCO providers with a TMHP account. The Upload From File search allows users to upload a HMO/Out of Network (OON) Pricing Request file and creates a batch request file available within 36 hours of submitting a fee search.

How to Search for Procedure Codes using Upload From File (Secure Login)

Note: Fields with a red dot are required fields.

1) Click **Fee Search** after accessing the Fee Schedules page.

2) Select the Upload From File radio button for the type of search.

3) Select the provider type and provider specialty from the drop-down fields.

4) Click **Browse** and locate the HMO/OON Pricing Request file to upload. A maximum of 10 files is allowed.

5) Click **Submit to Batch**. A batch ID number displays, and results are available within 36 hours.

6) Record the batch request ID to locate the results using the Batch Search function.

For information about locating and reading the batch results of a search, see the Batch Search section in this document.

Online Fee Search Results

Results for up to 10 procedure codes are immediately displayed. Any results with more than 10 procedure codes are generated as a batch submission. Batch results are available within 36 hours of a request. When using the following options, batch files are always generated for:

- Range of Procedure Codes

- All Applicable Procedure Codes

- Upload from File (only for HMO and MCO users with a TMHP account (secure login)

Results may show up to three tabs including General, DME, and Clinical Lab. The number of tabs visible varies depending on the procedure codes submitted, the provider type, and the provider specialty. If the provider type or specialty cannot bill for a particular procedure code, the result shows Not Payable, and all columns are blank.

Each tab is formatted differently. For example, the DME tab shows pricing for purchase and a rental, whereas the General tab shows pricing for facility and non-facility.

General Tab

The General tab displays fee schedule information for services provided in either a facility or a non-facility Place of Service (POS). Each section displays the fee schedule information for the procedure code, provider type, provider specialty, and program type for the date of service.

To determine the correct fee schedule, users must determine if the procedure was performed in a facility or non-facility POS.

For more information related to any column sections shown within the tabs, refer to the *Texas Medicaid Provider Procedures Manual* (TMPPM) or the *CSHCN Services Program Provider Manual*.

Column Sections

The General tab is divided into several sections and columns. Each section provides information related to the fee results. The following sections are listed on the General tab:

Modifiers: Show up to four modifiers that apply to the fee schedule. Modifiers describe and qualify the services provided by Texas Medicaid, the FPP, or the CSHCN Services Program.

Client Age: Describes the client age range for each fee schedule line. The From column is the beginning of the age range and the Through column is the end of the age range. The Unit column describes the unit of measurement used for the age range. The unit can be days, months, or years.

Non-Facility: Provides fee schedule information for procedures or services performed in a non-facility setting. Some procedures and services cannot be reimbursed if performed in a non-facility setting. In that case, the fee information in the Facility section will be blank.

The following list shows the types of Non-Facility settings.

- Office

- Home

- Nursing Home

- Skilled Nursing Facility (NF)

- Intermediate Care Facility (ICF)

- Extended Care Facility

- Independent Laboratory

- Birthing Center

- Other Locations

Facility: Provides fee schedule information for procedures or services performed in a hospital setting. This can be either an inpatient or outpatient hospital or an ambulatory surgical center. Some procedures and services cannot be reimbursed if performed in a facility setting. In that case, the fee information in the "Facility" section will be blank.

Note Codes

Note codes provide additional information about a procedure code and the rate of reimbursement. Active note codes are displayed in Static Fee Schedules and OFL search results. Note codes are defined within the Static report or by clicking the note code displayed on the screen.

DME Tab

The DME tab provides fee information for DME, prosthetics, orthotics, and supplies. The tab shows fee schedule information for both rental and purchased equipment. Each section displays the rates of reimbursement information for the procedure code, provider type, provider specialty, and program type for the date of service.

To determine the correct fee schedule, users must determine if the procedure was for purchased or rented equipment.

Column Sections

The DME tab is divided into several sections and columns. Each section provides information related to the fee results.

The following sections are listed on the DME tab:

Modifiers: Lists up to four modifiers that apply to the fee schedule. Modifiers describe and qualify the services provided by Texas Medicaid, the FPP, or the CSHCN Services Program.

Client Age: Describes the client age range for each fee schedule line. The From column is the beginning of the age range, and the Through column is the end of the age range. The Unit column describes the unit of measurement used for the age range. The unit can be days, months, or years.

Purchase: Provides fee schedule information for equipment purchased by Medicaid.

Rental: Provides fee schedule information for equipment that is rented by Medicaid.

Clinical Lab Tab

The Clinical Lab tab provides fee information for laboratory services. The tab shows fee schedule information for clinical, sole community hospital (SCH), and Department of State Health Services (DSHS) labs. Each section displays the rates of reimbursement information for the procedure code, provider type, provider specialty, and program type for the date of service. To determine the correct fee schedule, users must determine the type of lab that performed the test.

Column Headings

The Clinical Lab tab is divided into several sections and columns. Each section provides information related to fee results.

The following sections are listed on the Clinical Lab tab:

Modifiers: Lists up to four modifiers that apply to the fee schedule. Modifiers describe and qualify the services provided by Texas Medicaid, the FPP, or the CSHCN Services Program.

Client Age: Describes the client age range for each fee schedule line. The From column is the beginning of the age range and the Through column is the end of the age range. The Unit column describes the unit of measurement used for the age range. The unit can be days, months, or years.

Clinical Lab: Provides fee schedule information for lab tests performed in a clinical lab.

Sole Community Hospital: Provides fee schedule information for lab tests performed in a SCH.

DSHS Lab: Provides fee schedule information for lab tests performed in a DSHS lab. Some lab tests must be performed by the DSHS lab.

There are multiple column headings that apply to the fee schedule. To see the column heading descriptions, users can mouse over the column heading and a tool tip will appear explaining the heading.

For a list of all column headings and meanings, refer to the [Tool Tips](#) section of this document.

Additional Functions

Users will see a New Lookup button, a Return with Search Criteria button, and a Print button at the top right corner of the OFL Search Results screen.
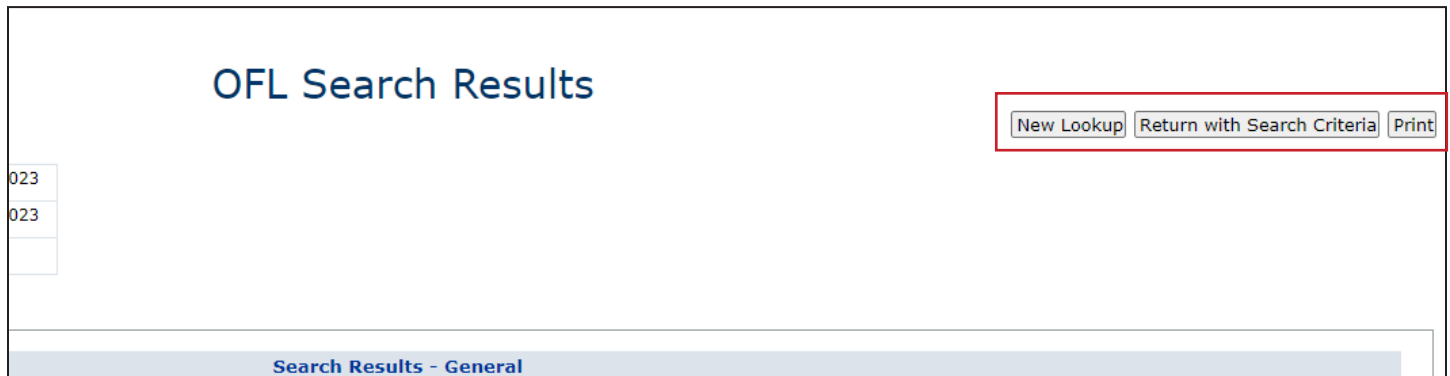
New Lookup

Click **New Lookup** to return to the OFL Search screen with all previous search criteria cleared.

Return with Search Criteria

Click **Return with Search Criteria** to return to the OFL Search screen with the submitted criteria in place. Users can update any of the criteria shown.

Print

To print the fee schedule displayed:

1) Click **Print** in the upper right corner of the screen. A dialog box appears instructing the user to select the paper size as legal and the orientation as landscape. Users must manually complete these selections.

2) Click **OK**. A print preview window displays.
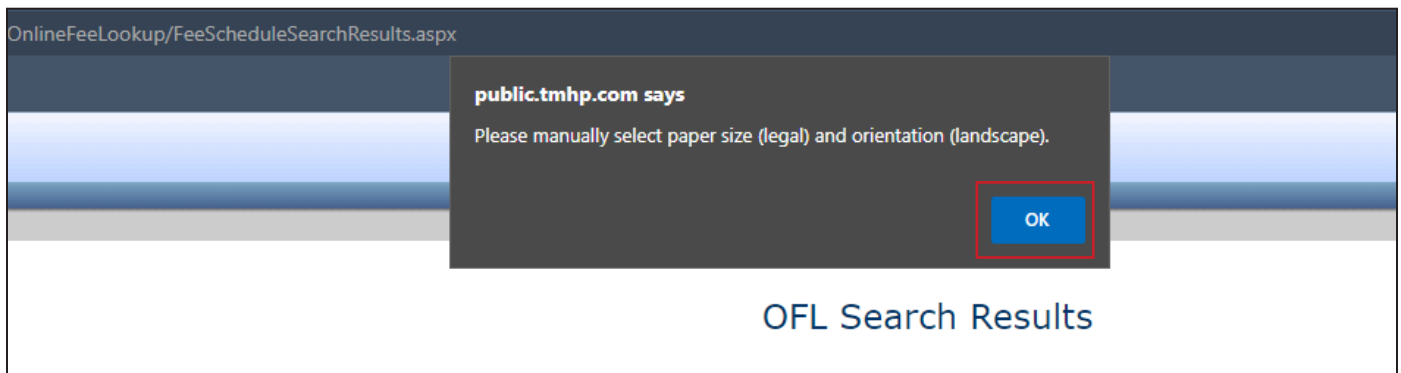
3) Click **Print**. The printer selection window opens.

4) Select the printer to use.

5) Select Legal as the paper size and Landscape as the page orientation in the printer settings. Legal size paper should be loaded in the printer.

6) Click **OK** to save changes.

7) Click **Print** in the Printer Selection window.

Note: The printer selection window varies from computer to computer. Steps 4 through 7 are general instructions for printing a fee schedule. Refer to your printer's documentation for specific instructions.

Contracted Rates Search

Providers with contracted rates should use the OFL area to obtain reimbursements rates that apply to them. The Contracted Rates Search option is only for users with a TMHP account (secure login). Users do not see the option if accessing OFL through tmhp.com (public access).

How to Search for Contracted Rates

Note: Fields with a red dot are required fields.

1) Click **Fee Search** after accessing the Fee Schedules page.

2) Click **Contracted Rate Search**. The Contracted Rate Search page appears.

3) Select the provider NPI/API using the magnifying glass icon. The Procedure Code field is optional.

4) Select Medicaid as the program type.
   Note: Contract rates are available only for Medicaid.

5) Enter the required Date of Service or select it using the calendar icon.
   Note: The Modifier fields, From Age field, and To Age field can narrow search results. These fields are optional for some provider types and required for others. A red dot indicates when a field is required.

6) Click **Submit**. Search results display.

Batch Search

Users can use a batch request ID to search for batch file results.

How to Search for a Batch File

1) Click **Batch Search** after accessing the Fee Schedules page. The Batch Search page appears.
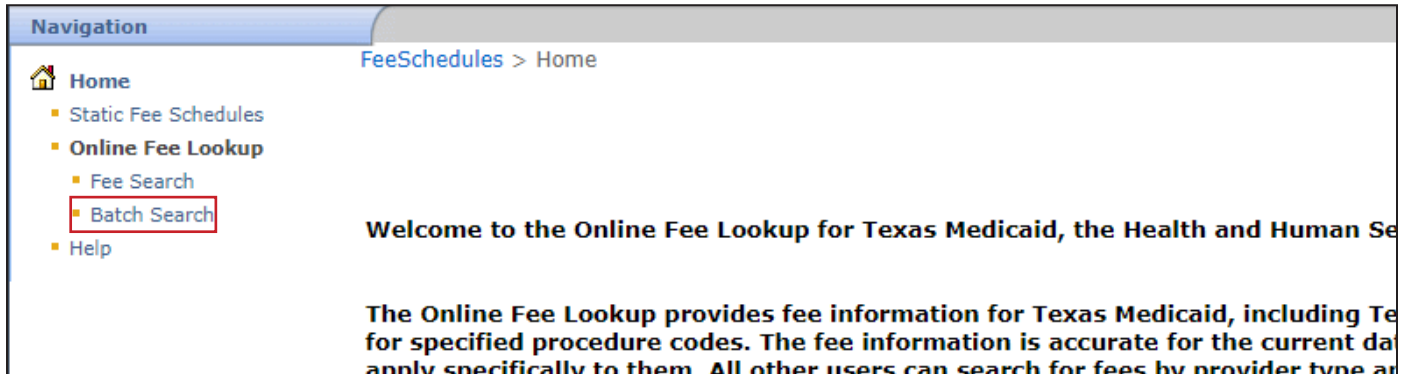
2) Enter the Batch ID and click **Search**. The Batch Search results display.

3) Click the Microsoft Excel icon to open the file. The Microsoft Excel file opens.
   Note: Batch files are available only in Excel format and are not available in PDF.

The top of the report shows the search criteria used for the batch search. Depending on the search results, there can be as many as four different tabs in the spreadsheet. Each tab contains the same information that is displayed on the online screen results, except for the Benefits Limitations link. Note codes are displayed for each line item, when applicable. The Note Codes tab contains an explanation of the note codes listed on any tabs of the report.

Batch Status Pending

If a batch file is not ready after entering the batch ID, users see a message indicating that the batch is in *Pending* status. It takes up to 36 hours for a batch file to be processed. After the batch file is processed and available, the batch status changes to *Processed*.

Tool Tips

Tool tips appear when a user hovers over a column heading. Tool tips explain what the column heading means.

Column Heading

Adjusted %: A percentage adjustment has been applied to the allowed fee for this service. This column shows the percent by which the fee was adjusted. Additional information about rate changes is available on tmhp.com.

Adjusted Fee for Report Date: A percentage adjustment has been applied to the allowed fee for this service. This column does not show reductions that may have been applied using other criteria that include, but are not limited to, place of service, client type program, or provider specialty. Additional information about rate changes is available on tmhp.com.

Automated Test Panel: "Y" in this column indicates that the procedure code is part of an automated test panel. Refer to the Clinical Laboratory, Automated Test Panel—Insert Static Fee Schedule for panel pricing.

Client Age From: The From Age is the beginning of an age range, used when required for determining pricing. If the first row has a 0-999 age range and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the TMPPM for exact age limitations.

Client Age Through: The "through age" is the end of an age range, use when required for determining pricing. If the first row has a 0-999 age range and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the TMPPM for exact age limitations.

Client Age Units: Medicaid rates are based on the client's age in days, months, or years.

Clinical Lab Fee: The rate for diagnostic tests that are performed in a clinical laboratory.

Conversion Factor: The Texas Medicaid conversion factor that is applicable for determining the amount payable when the rate is based on base units for anesthesia services or Relative Value Units (RVUs) for other services.

DSHS Lab Fee: The rate for services performed by a DSHS-designated laboratory.

Facility: Pricing for services that are rendered in an inpatient hospital (POS 3), an outpatient hospital (POS 3), or ambulatory surgical center (POS 5).

Fee Effective Date: The effective date of service for which the fee is payable.

Last Pricing Review Date (Clinical Lab tab): Medicaid rates are reviewed annually. This column shows the date on which the most recent review was conducted.

Last Pricing Review Date (General and DME tab): Medicaid rates are reviewed every two years or as necessary. This column shows the date on which the most recent review was conducted.

Medicaid Fee: The Medicaid allowed amount.

Mod 1: 1st modifier, if required for pricing determination.

Mod 2: 2nd modifier, if required for pricing determination.

Mod 3: 3rd modifier, if required for pricing determination.

Mod 4: 4th modifier, if required for pricing determination.

Non-Facility: Pricing for services that are rendered in places of service other than an inpatient hospital or outpatient hospital.

Note Codes: This is a note code indicator. Providers should review each note code to identify the specific payment explanation or limitation. See the Note Codes worksheet for the applicable payment explanation or limitation.

Procedure Code: The five-digit code for services and items defined in Current Procedural Terminology (CPT) or the Healthcare Common Procedure Coding System (HCPCS).

Provider Type: Classification assigned during provider enrollment and used to determine payable services.

Sole Community Hospital Fee: The rate for services that are rendered in a Medicare-designated sole community hospital.

TOS: The one-character type-of-service (TOS) code assigned to each procedure code for system administration.

TOS Description: Providers a description of the TOS.

Total RVUs/Base Units: The current RVUs for the procedure code if the fee is a resource-based fee (RBF). The payable amount for RBFs is calculated by multiplying the total RVUs by the applicable conversion factor. For anesthesia services only, this column shows the base units instead, and payment is based on the sum of the base units plus actual face-to-face time units multiplied by the applicable conversion factor.

Note Codes

Note codes provide additional information about a procedure code and the rate of reimbursement. Active note codes are displayed in Static Fee Schedules and OFL search results. Note codes are defined within the Static report or by clicking the note code displayed on the screen.