

FEE SCHEDULES & ONLINE FEE LOOKUP

JOB AID



v2025_0505

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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 <u>tmhp.com</u>.
- 2) Click My Account.



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

iult.aspx	
	Sign in to access this site
	Authorization required by https://secure.tmhp.com
	Username
	Password
	Sign in Cancel

Note: Passwords are case sensitive.

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

Acute Care Online Portal	
View R&S/COF Reports	
View PPE Provider Reports	
TexMedConnect	
Prior Authorization	
View Paid Claims Detail Reports	
View MET Provider Reports	
View ACA PCP Supplemental Payment Reports	
View Payment Amounts	
Medicaid Client Portal for Providers	
Fee Schedule	
Manage IMD Clients	

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 <u>tmhp.com</u>.
- 2) Click **Online Fee Lookup** from the Resources drop-down menu. The Fee Schedules page opens.

TEXAS MEDICAID & HEALTHCARE PART TMHP A STATE MEDICAID CONTRA	TEXAS MEDICAID & HEALTHCARE PARTNERSHIP TMHP A STATE MEDICAID CONTRACTOR										
Home Programs \lor Topics \lor	Resources 🗸 Contact My Account										
	Eligibility Quick Check										
	Excluded Providers										
Welcome Texas	Forms										
Medicaid Provi	Online Fee Lookup	K 5									
The Texas Medicaid & Healthc	Online Provider Lookup										
provides the resources to hel	Provider Education and Training										

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.

DMEROS - T		14	-	DPCP704C	9///2022	
DHEFOS	03 9, L, J, L, AND K			FICER/04C	5/7/2025	
FAMILY PLAT	NNING CLINIC	-	1	PRCR454C	9/7/2023	
HEALTHY TE	XAS WOMEN	3		PRCR612C	9/7/2023	
HEARING AI	ID AND AUDIOMETRIC SERVICES	2	~	PRCR414C	9/7/2023	
HOME HEAL	TH AGENCY			PRCR408C	9/7/2023	
HOSPITAL O	UTPATIENT IMAGING SERVICES	8	~	PRCR604C	9/7/2023	
IN HOME TO	TAL PARENTERAL NUTRITION (TPN) SERVICES	3	1	PRCR448C	9/7/2023	
INDIAN HEA	ALTH SERVICES	3	1	PRCR453C	9/7/2023	
LABORATOR	Y INDEPENDENT	3		PRCR429C	9/7/2023	
LICENSED C	CLINICAL SOCIAL WORKER (LCSW)	8	~	PRCR428C	9/7/2023	
LICENSED M	1IDWIFE	3	1	PRCR611C	9/7/2023	
LOCAL HEAL	TH DEPARTMENT SERVICES	3	1	PRCR617C	9/7/2023	
MEDICAL TR	RANSPORTATION - DEMAND RESPONSE	3	1	PRCR706C	9/7/2023	
TRANSPORT	ATION SERVICES PROVIDER					
MEDICAL TR	ANSPORTATION - INDIVIDUAL TRANSPORTATION	3	1	PRCR705C	9/7/2023	
PARTICIPAN	Т					
MISCELLAN	EOUS OTHER PROFESSIONALS - CERTIFIED	3	1	PRCR487C	9/7/2023	
RESPIRATOR	RY CARE PRACTITIONER					
MISCELLAN	EOUS OTHER PROFESSIONALS -	3		PRCR450C	9/7/2023	

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.

Provider Type Comprehensive Care Program (CCP) provider					~
Provider Specialty Speech therapy (Comprehensive Care Progra	m [CCP])		~		
Sear	ch				
Description	Excel File	PDF File	File Name	Modified Date	
AUTISM SERVICES	2	~	PRCR615C	9/7/2023	
COMPREHENSIVE CARE PROGRAM - PRIVATE DUTY NURSING	2		PRCR499C	9/7/2023	
COVID-19 SERVICES	2	~	PRCR616C	9/7/2023	
COVID-19 SERVICES INSERT	2	~	PRCR616C_I	9/7/2023	
THERAPIES	2	~	PRCR492C	9/7/2023	
Archives					
Archive - 2023 06 15 Archive - 2023 04 14 Archive - 2023 03 15					

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

Provider Type Comprehensive Care Program (CCP) provider Provider Specialty Speech therapy (Comprehensive Care Program [CCP]) V Speech therapy (Comprehensive Care Program [CCP]) V Speech therapy (Comprehensive Care Program [CCP]) Description Excel File(PDF File) Ile Name Modified Date AUTISM SERVICES Image: Comprehensive Care Program [CCP] Image: Comprehensive Care Program [CCP] PRCR615C 9/7/2023 COMPREHENSIVE CARE PROGRAM - PRIVATE DUTY NURSING Image: Comprehensive Care Program [CCP] Image: Comprehensive Care Program [CCP] PRCR499C 9/7/2023 COVID-19 SERVICES Image: Comprehensive Care Program [CCP] Image: Comprehensive Care Program [CCP] PRCR499C 9/7/2023
Provider Specialty Speech therapy (Comprehensive Care Program [CCP]) V Search Search Modified Date Description Excel FilePDF FileFile Name Modified Date AUTISM SERVICES Image: Comprehensive Care Program - PRIVATE DUTY NURSING Image: Comprehensive Care Program - PRIVATE DUTY NURSIN
Search Description Excel FilePDF FileFile Name Modified Date AUTISM SERVICES Image: Colspan="2">PRCR615C 9/7/2023 COMPREHENSIVE CARE PROGRAM - PRIVATE DUTY NURSING Image: Colspan="2">PRCR499C 9/7/2023 COVID-19 SERVICES Image: Colspan="2">PRCR616C 9/7/2023
Description Excel File/DF File/ile Name Modified Date AUTISM SERVICES Image: Compression of the service of
AUTISM SERVICES BCCMPREHENSIVE CARE PROGRAM - PRIVATE DUTY NURSING B PRCR615C 9/7/2023 COVID-19 SERVICES PROGRAM - PRIVATE DUTY NURSING PRCR616C 9/7/2023
COMPREHENSIVE CARE PROGRAM - PRIVATE DUTY NURSING PRCR499C 9/7/2023 COVID-19 SERVICES PRCR616C 9/7/2023
COVID-19 SERVICES PRCR616C 9/7/2023
COVID-19 SERVICES INSERT 🕙 🔁 RCR616C_I 9/7/2023
THERAPIES

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.

Medicaid Fee: Fee Effect Date: Adjust %: Adjusted Fee for Report Date: Note Codes:	The Me The eff A perce website	edicaid allowed amou lective date of service entage reduction has entage reduction has e at www.tmhp.com. ode indicator. Provide	int. e for which t been appli been appli ers should r	the fee ed to th ed to th eview e	is payal e allowe e allowe sach not	ole. Id fee fo Id fee fo Id fee fo	or this se or this se to identi	ervice. This ervice. This ify specific	column shows column does n payment explan	the percent by with the percent by with the percent by with the percent by the pe	nich the fee was is that may have . See Note Cod	adjusted. Addition been applied us es worksheet for	ional inform sing other o r applicable	ation about rate o riteria that include payment explana	hange e but : ation o	es is av are not or limital	ailabk limite	e on the TMHP d to place of se	website at www.t	mhp.com/pag program, or pr	es/topics/rates.a: ovider specialty.	spx. Additional	information ab	out rate	changes	is available on th	e TMHP
Last Pricing Review Date: Change Ind:	Last Pricing Medicali rates are reviewed every two years or as necessary. This column shows the date on which the most necent review was conducted. Preview Date: Change ind:: indicator denoting that the Fee Schedule row has been added/updated since the last run. 'C' for change, blank for no changes.																										
Provider Type	TOS	TOS Desc	Proc Code	Mod 1	Mod 2	(Frm	Thru	Age Units	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	No 1	te Coo 2	ies 3	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Facility Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note	Codes 2 3	Last Pricing Review Date	Change Ind
PROVIDER	1	MEDICAL SERVICES	99366			0	20	Years	0.34	\$28.0672	\$9.54	3/1/2022	0.00	\$9.54												3/1/2022	
EARLY CHILDHOOD INTERVENTIO	1	MEDICAL	99366			0	20	Years	0.34	\$28.0672	\$9.54	3/1/2022	.0.00	\$9.54												3/1/2022	
HEALTH AGENCY	1	MEDICAL SERVICES	99366			0	20	Years	0.34	\$28.0672	\$9.54	3/1/2022	0.00	\$9.54												3/1/2022	

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.

Codes that are not listed in whether the code is a bene	the fee schedules may be reimbursed using a contracted rate. Providers may refer to the Contracted Rate search to detern fit of Texas Medicaid.
 denotes required field 	
Provider NPI/API	•9
	Search
	OR
Provider Type	Select a Provider Type
Provider Specialty	 Select a Provider Specialty
	Search
Description	Excel FilePDF FileFile Name Modified Date

- 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.

Fee Schedules Archive - 2023_06_15 Archived Fee Schedules	Archiv	/e		
Description	Excel File	Pdf File	File Name	Modified Date
AMBULANCE		~	PRCR416C	6/15/2023
AMBULATORY SURGICAL CENTER (ASC) / HOSPITAL - BASED AMBULATORY SURGICAL CENTER (HASC)			PRCR405C	6/15/2023
AUDIOLOGIST		~	PRCR437C	6/15/2023
AUTISM SERVICES			PRCR615C	6/15/2023
BIRTHING CENTER		~	PRCR447C	6/15/2023
CASE MANAGEMENT AND REHABILITATIVE SERVICES -	×.		PRCR425C	6/15/2023

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

Medicaid Fe Fee Effe Det Adjusted Fe for Repo Det Note Code Last Pricin Review Dat	e: The M ct The el e: A perc e A perc rt websit e: s: Note c g Medic e:	edicaid allowed amou fective date of service entage reduction has entage reduction has e at www.tmhp.com. code indicator. Provide aid rates are reviewed	nt. e for which been appli been appli ers should r I every two	the fee led to th led to th review e years o	is paya e allow e allow sach no or as ne	ble. ed fee fi ed fee fi te code cessary	for this se for this se to identi y. This c	ervice. This ervice. This ify specific column sho	column shows column does n payment explana ws the date on t	the percent by wh ot show reduction ation or limitation. which the most re	ich the fee was s that may have See Note Code cent review was	adjusted. Additic been applied us is worksheet for conducted.	onal inform sing other c applicable	ation about rate cl riteria that include payment explana	hange but a tion of	is is av ire not r limitat	ailable limited	e on the TMHP d to place of se	website at www.tr	mhp.com/pag rogram, or pr	as/topics/rates.as	spx. Additional	information ab	out rate o	changes	is available on the	TMHP
Change In	f: Indical	tor denoting that the F	ee Schedu	le row I	has bee	n addeo	d/update	d since the	last run. 'C' for	change; blank for	no changes.						_										
							Client Age			Non-facility Note Codes					Facility Adjusted					Note Codes		S Last Pricing Ci					
Provider Type	TOS	TOS Desc	Proc Code	Mod 1	Mod 2	Frm	Thru	Units	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Not	2 2	ies 3	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Fee for Report Date	Note	Codes 23	Last Pricing Review Date	Change Ind
PROVIDE	P R 1	MEDICAL SERVICES	99366			0	20	Years	0.34	\$28.0672	\$9.54	3/1/2022	0.00	\$9.54												3/1/2022	
EARI CHILDHOO INTERVENT	Y D O N 1	MEDICAL	99366			0	20	Years	0.34	\$28.0672	\$9.54	3/1/2022	0.00	\$9.54												3/1/2022	
HEALT AGENO	H Y 1	MEDICAL SERVICES	99366			0	20	Years	0.34	\$28.0672	\$9.54	3/1/2022	0.00	\$9.54												3/1/2022	

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.

Procedure Code :	
Provider Type :	Select a Provider Type
Provider Specialty :	Select a Provider Specialty 💌
Program :	Select a program V
Date of Service :	10/9/2023
(The earliest date of service you c	an search is March 27, 2009)
Claim Type :	Select a Claim Type
(Select the appropriate claim type	for your fee search. Results may vary based on the claim type selected.)
TMHP publications and m procedure codes, but not	edical/dental policy documentation are available for searches of up to 10 available for batch submissions.

8) Up to 10 procedure codes immediately display.

												_									New	Lookup Return w	ith Search Criteria
Pro	vider NPI/API		Date	of Se	ervice	1	10/17/20	123															
Pro	gram	MEDICAID	Date	of Se	earch	1	10/17/20	23															
Cla	Claim Type Procedure Code(s) 71271																						
Gene	eneral																						
													Search Results -	General									
			Modifi	ers	Cli	ent Ag	e				Non-facility	/	1					Facility					
тоз	TOS Description	Procedure Code	123	4 Fi	rom Th	hrough	Units	Total RVU	Conversion Factor	Medicaid Fee	Fee Effective Date	Adjust %	Adjusted Fee for Date of Service	Note Codes	Total RVU	Conversion Factor	Medicaid Fee	Fee Effective Date	Adjust %	Adjusted Fee for Date of Service	Note Codes	Last Pricing Review Date	Benefit Information*
4	RADIOLOGY	71271			50	80	Years								0.00	\$0.0000	\$106.88	9/1/2023	0.00	\$106.88		9/1/2023	View
4	4 RADIOLOGY 71271 50 80 Vears 0.00 5134.67 9/1/2023 0.00 5134.67 9/1/2023 View																						
ultipl ne fee syme ticles nport odes t edica	iple tabs may display results. For more information, please refer to the <u>Help</u> link. fee displayed is the allowable rate for this service. Since September 1, 2011, the Online Fee Lookup (OFL) and static fee schedules include a column titled "Adjusted Fee." The Adjusted Fee column displays the fee with all of the percentage reductions applied. The individual nent may differ based on provider type, client type program, place of service, or other factors. For additional information about rates, rules, and procedures, providers can refer to the Texas Hediciaid Procedures Manual, Texas Hedicaid Bulletins, Texas Hedicaid service. Sorter eduction that thiss, //www.thus.com/resources/Tate and code undates/rate changes, and other communications from TMHP or state agencies. ortant: The columns listed for the selected procedure code on on include all benefit limitations. Prior authorization may be required for some procedure codes. Other limitations may apply. es that are not a benefit: Any service that is medically necessary to correct or ameliorate a client's physical or metarics. The services. dical: This segnation of services only applies to clients woh avgo large to receive TMStops services.									he individual p Medicaid web: efits of Texas													

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

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

CList of Procedure Codes Range of Procedure Codes OAll Applicable Procedure Codes OUpload From File Procedure Code : • Provider NPI / API : • Program : • Select a program Date of Service : • 10/9/2023	Clist of Procedure Codes CRange of Procedure Codes All Applicable Procedure Codes Upload From File Procedure Code : • Provider NPI / API : • Select a program Date of Service : • 10/9/2023 (The earliest date of service you can search is March 27, 2009) Claim Type : Select a Claim Type (Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)		Single Procedure Code
ORange of Procedure Codes OII Applicable Procedure Codes OUpload From File Procedure Code : Provider NPI / API : Program : • Select a program Date of Service : 10/9/2023 (The earliest date of service you can search is March 27, 2009)	Range of Procedure Codes All Applicable Procedure Codes Upload From File		OList of Procedure Codes
All Applicable Procedure Codes Oupload From File Procedure Code : Provider NPI / API : • Program : • Select a program • Date of Service : • 10/9/2023 (The earliest date of service you can search is March 27, 2009)	OAll Applicable Procedure Codes Upload From File Provider NPI / API : Program : • Select a program Pate of Service : • 10/9/2023 (The earliest date of service you can search is March 27, 2009) Claim Type : Select a Claim Type (Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)		ORange of Procedure Codes
Upload From File Procedure Code : Provider NPI / API : • Program : • Select a program Date of Service : • 10/9/2023 (The earliest date of service you can search is March 27, 2009)	Oupload From File Procedure Code : Provider NPI / API : • Program : • • • Date of Service : • • 10/9/2023 (The earliest date of service you can search is March 27, 2009) Claim Type : Select a Claim Type (Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)		OAll Applicable Procedure Codes
Procedure Code : • Provider NPI / API : • Program : • Select a program • Date of Service : • 10/9/2023 • (The earliest date of service you can search is March 27, 2009) •	Procedure Code : • Provider NPI / API : • Program : • Select a program • Date of Service : • 10/9/2023 • (The earliest date of service you can search is March 27, 2009) • Claim Type : Select a Claim Type • (Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.) •		OUpload From File
Provider NPI / API : • • Program : • Select a program • Date of Service : • 10/9/2023 10 (The earliest date of service you can search is March 27, 2009) • •	Provider NPI / API : • Program : • Select a program • Date of Service : • 10/9/2023 • (The earliest date of service you can search is March 27, 2009) • Claim Type : Select a Claim Type • (Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.) •	Procedure Code :	•
Program : • Select a program v Date of Service : 1/0/9/2023 (The earliest date of service you can search is March 27, 2009)	Program : • Select a program Date of Service : • 10/9/2023 (The earliest date of service you can search is March 27, 2009) Claim Type : Select a Claim Type (Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)	Provider NPI / API :	
Date of Service : • 10/9/2023 [10] [10	Date of Service : • 10/9/2023 (The earliest date of service you can search is March 27, 2009) Claim Type : Select a Claim Type (Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)	Program :	Select a program
(The earliest date of service you can search is March 27, 2009)	(The earliest date of service you can search is March 27, 2009) Claim Type : Select a Claim Type (Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)	Date of Service :	• 10/9/2023
	Claim Type : Select a Claim Type (Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)	(The earliest date of service	you can search is March 27, 2009)
Claim Type : Select a Claim Type	(Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)	Claim Type :	Select a Claim Type 🗸
(Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)		(Select the appropriate clain	n type for your fee search. Results may vary based on the claim type selected.)
		TMHP publications ar	nd medical/dental policy documentation are available for searches of up to 10
TMHP publications and medical/dental policy documentation are available for searches of up to 10	TMHP publications and medical/dental policy documentation are available for searches of up to 10	procedure codes but	not available for batch submissions

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.

	○Single Procedure Code ®List of Procedure Codes ○Range of Procedure Codes ○All Applicable Procedure Codes							
Procedure Code :	• [] [_] [
Provider Type :	Select a Provider Type							
Provider Specialty :	Select a Provider Specialty V							
Program :	Select a program 🗸							
Date of Service :	Date of Service : 10/9/2023							
(The earliest date of service you	can search is March 27, 2009)							
Claim Type :	Select a Claim Type 🔹							
(Select the appropriate claim typ	(Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)							
TMHP publications and r procedure codes, but no	TMHP publications and medical/dental policy documentation are available for searches of up to 10 procedure codes, but not available for batch submissions.							

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 <u>https</u>

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

	Single Procec It of Procec	ture Code		
	Bange of Proces	cedure Codes		
		Procedure Codes		
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Dreadure Cada i	•			
Procedure Code :				
				Add
Provider NPI / API :	•Q			
Program :	Select a program			
Date of Service :	• 10/9/2023			
(The earliest date of service y	rou can search is March 27, 2009)			
Claim Type :	Select a Claim Type	~		
(Select the appropriate claim	type for your fee search. Results may vary based on the claim type s	selected.)		
TMHP publications and	d medical/dental policy documentation are availab	le for searches of up to 1	10	
procedure codes, but	not available for batch submissions.			
Su	ubmit] Clear Form			

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.

Procedure Code From: •	Range of Procedure Codes OAll Applicable Procedure Codes Procedure Code To : •
Procedure Code From: •	OAII Applicable Procedure Codes
Procedure Code From: •	Procedure Code To: •
Provider Type : 🔹 📍 😒	lect a Provider Type
Provider Specialty : 👘 💿	lect a Provider Specialty 🗸
Program : • Se	lect a program 🗸
Date of Service :	/10/2023
The earliest date of service you can se	earch is March 27, 2009)
Claim Type : Se	lect a Claim Type 🗸 🗸
Select the appropriate claim type for y	rour fee search. Results may vary based on the claim type selected.)

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

Thank you for your request. Please record the Bat This Batch ID(s) will allow you to access your sea hours.	tch Request ID number(s) below for your records. Irch results. Batch results are available within 36
Batch Request ID:	
Multiple worksheets may display results. For more inform	nation, please refer to the Help link.
The fee displayed is the allowable rate for this service. Si payment may differ based on provider type, client type p articles, the CSHCN Services Program Provider Manual, C	ince September 1, 2011, the Online Fee Lookup (OFL) and static fee schedu rogram, place of service, or other factors. For additional information about SHCN Services Program website articles, the rate reduction web page at <u>ht</u>

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

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

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

denotes required field
What type of search would you like to conduct ?
Osingle Procedure Code ○List of Procedure Codes ®Range of Procedure Codes ○All Applicable Procedure Codes
Oupload From File
Procedure Code From: Procedure Code To :
Provider NPI / API : •
Program : • [Select a program •
Date of Service : • 10/9/2023
(The earliest date of service you can search is March 27, 2009)
Claim Type : Select a Claim Type
(Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)
TMHP publications and medical/dental policy documentation are available for searches of up to 10 procedure codes, but not available for batch submissions.

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.

CList of Procedure Codes Range of Procedure Codes @All Applicable Procedure Codes Provider Type : • Select a Provider Type > Select a Provider Specialty · > Select a Provider Specialty · > Select a Provider Type : • Select a Provider Specialty · > Select a Provider Specialty · > Select a Provider Specialty · > Select for Service · • 10/10/2023 · The earliest date of Service · Select a Claim Type · Select the appropriate claim type for your fire search. Results may vary based on the claim type selected.)		
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Date of Service : • 10/10/2023 The sarliest date of service you can search is March 27, 2009) Claim Type : Select a Claim Type Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.) 'MHP publications and medical/dental policy documentation are available for searches of up to 10	Program :	Select a program
The earliest date of service you can search is March 27, 2009) Claim Type : Select a Claim Type Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.) 'MHP publications and medical/dental policy documentation are available for searches of up to 10	Date of Service :	• 10/10/2023
Claim Type : Select a Claim Type Select a Claim Type Select a claim type for your fee search. Results may vary based on the claim type selected.) MHP publications and medical/dental policy documentation are available for searches of up to 10	(The earliest date of service y	u can search is March 27, 2009)
Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.) MHP publications and medical/dental policy documentation are available for searches of up to 10	Claim Type :	Select a Claim Type
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and and and the first second shifts for both second second	Select the appropriate claim	ype for your fee search. Results may vary based on the claim type selected.) I medical/dental policy documentation are available for searches of up to 10
	Su	bmit to Batch Clear Form

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 <u>https</u>

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

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

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

	Submit to Batch) [Clear Point]						
	Submit to Potch Close Form						
procedure codes,	inter publications and medicarbanical policy operational advantagion of searches of dp to 10 proceedure codes, but not available for batch submissions.						
TMHP publication	TMHP publications and medical/dental policy documentation are available for searches of up to 10						
(Select the appropriate	claim type for your fee search. Results may vary based on the claim type selected.)						
Claim Type :	Select a Claim Type						
(The earliest date of se	rvice you can search is March 27, 2009)						
Date of Service :	• 10/9/2023						
Program :	 Select a program 						
Provider NPI / AP	······································						
	OUpload From File						
	WAII Applicable Procedure Codes						
	ORange of Procedure Codes						
	OList of Procedure Codes						
	OSingle Procedure Code						
What type of sear	rch would you like to conduct ?	3					

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.

	Outpload From File		
File Upload :		Browse	
		Browse	
TMHP publications and m	edical/dental policy documentation are available for searches of up to 10	10	
procedure codes, but not	available for batch submissions.		

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

Thank you for your request. Please record the This Batch ID(s) will allow you to access your hours.	Batch Request ID number(s) below for your records. search results. Batch results are available within 36
Batch Request ID:	
Multiple worksheets may display results. For more in	formation, please refer to the Help link.
The fee displayed is the allowable rate for this servic payment may differ based on provider type, client typ articles, the CSHCN Services Program Provider Manu	e. Since September 1, 2011, the Online Fee Lookup (OFL) and static fee schedules pe program, place of service, or other factors. For additional information about rat al, CSHCN Services Program website articles, the rate reduction web page at <u>https</u>

For information about locating and reading the batch results of a search, see the <u>Batch Search</u> 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 <u>*Texas Medicaid Provider*</u> <u>*Procedures Manual (TMPPM)*</u> or the <u>*CSHCN Services Program Provider Manual*</u>.

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.

OFL Search Re	sults	New Lookup Return with Search Criteria Print
023 023		
Search Results - Gene	ral	

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.

OnlineFeeLookup/FeeScheduleSearchResults.asp	x	
	public.tmhp.com says	
	Please manually select paper size (legal) and orientation (landscape).	
	ок	
	OFL Search Results	I

3) Click **Print**. The printer selection window opens.

													[Print	Close
vice	10/6/2023	3													
rch	10/6/2023	3													
Code(s)	99366														
				Search	ı Result	s - Genera	al								
ent Age			No	n-facility							Facility				
	Total	Conversion	Medicaid	Fee Effective	Adjust	Adjusted Fee for Date of	Note	Total	Conversion	Medicaid	Fee Effective	Adjust	Adjusted Fee for Date of	Note	Las Pricii Revie

- 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 <u>tmhp.com</u> (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.

Provider NPI / API :	<u> </u>
Program :	 Select a program
Date of Service :	• 10/9/2023
(The earliest date of servic	e you can search is March 27, 2009)
Claim Type :	Select a Claim Type
(Select the appropriate clai	im type for your fee search. Results may vary based on the claim type selected.)
TMHP publications a procedure codes, bu	nd medical/dental policy documentation are available for searches of up to 10 It not available for batch submissions.
(Submit Clear Form

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

 denotes required field 	
Provider NPI / API :	•9
Program :	* Select a program 🗸
Procedure Code :	Procedure code is not required to view encounter rates, standard dollar amount, inpatient or outpatient reimbursement rates and per diem rates.
Date of Service :	Format: mm/dd/yyyy. Month can be one digit.
Modifier 1 :	Modifier not required for this provider type
Modifier 2 :	Modifier not required for this provider type
Modifier 3 :	Modifier not required for this provider type
Modifier 4 :	Modifier not required for this provider type
From Age :	From Age, in years, not required for this provider type
To Age :	To Age, in years, not required for this provider type
	Submit Clear Form

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.

Navigation	
 Home Static Fee Schedules 	FeeSchedules > Home
 Online Fee Lookup 	
 Fee Search Batch Search Help 	Welcome to the Online Fee Lookup for Texas Medicaid, the Health and Human Se
	The Online Fee Lookup provides fee information for Texas Medicaid, including Te for specified procedure codes. The fee information is accurate for the current da apply specifically to them. All other users can search for fees by provider type a

2) Enter the Batch ID and click **Search**. The Batch Search results display.

Important: The columns listed for the selected procedure code do not include all benefit limitations. Prior authorization may be required for some procedure codes. Other limitations may apply.
Codes that are not a benefit: Any service that is medically necessary to correct or ameliorate a client's physical or mental issues, disability, or chronic condition is a benefit of THSteps when Federal Financial Participation is available, even if the services are not benefits of Texas Medicaid. This expansion of services only applies to clients who are 20 years of age or younger and eligible to receive THSteps services.
Codes that are not listed in the fee schedules may be reimbursed using a contracted rate. Providers may refer to the Contracted Rate search to determine whether the code is a benefit of Texas Medicaid.
denotes required field Batch ID : Search

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 <u>tmhp.com</u>.

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 <u>tmhp.com</u>.

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 <u>TMPPM</u> 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 <u>TMPPM</u> 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.

This document is produced by TMHP Training Services. Contents are current as of the time of publishing and are subject to change. Providers should always refer to the TMHP website for current and authoritative information.