CFR ATTACHMENT 6 - "S" Codes TOS 1-2-8 (Proposed to be effective April 1, 2019)

					CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
TOS*	Proce-dure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	S0620	Routine ophthalmological examination including refraction; new patient	0-20	N	$68.48	$68.48	$68.48	$68.48	0.00%
1	S0620	Routine ophthalmological examination including refraction; new patient	0-20	F	$39.86	$39.86	$39.86	$39.86	0.00%
1	S0620	Routine ophthalmological examination including refraction; new patient	21-999	N	$65.22	$65.22	$65.22	$65.22	0.00%
1	S0620	Routine ophthalmological examination including refraction; new patient	21-999	F	$37.96	$37.96	$37.96	$37.96	0.00%
1	S0621	Routine ophthalmological examination including refraction; established patient	0-20	N	$72.13	$72.13	$72.13	$72.13	0.00%
1	S0621	Routine ophthalmological examination including refraction; established patient	0-20	F	$43.78	$43.78	$43.78	$43.78	0.00%
1	S0621	Routine ophthalmological examination including refraction; established patient	21-999	N	$68.70	$68.70	$68.70	$68.70	0.00%
1	S0621	Routine ophthalmological examination including refraction; established patient	21-999	F	$41.70	$41.70	$41.70	$41.70	0.00%
2	S2053	Transplantation of small intestine and liver allografts	0-20	F	$5,457.11	$5,457.11	$5,437.46	$5,437.46	-0.36%
2	S2053	Transplantation of small intestine and liver allografts	21-999	F	$5,197.21	$5,197.21	$5,178.50	$5,178.50	-0.36%
8	S2053	Transplantation of small intestine and liver allografts	0-20	F	$873.14	$873.14	$869.99	$869.99	-0.36%
8	S2053	Transplantation of small intestine and liver allografts	21-999	F	$831.55	$831.55	$828.56	$828.56	-0.36%
2	S2054	Transplantation of multivisceral organs	0-20	F	$4,365.57	$4,365.57	$2,008.00	$2,008.00	-54.00%
2	S2054	Transplantation of multivisceral organs	21-999	F	$4,157.66	$4,157.66	$2,008.00	$2,008.00	-51.70%
8	S2054	Transplantation of multivisceral organs	0-20	F	$698.49	$698.49	$321.28	$321.28	-54.00%
8	S2054	Transplantation of multivisceral organs	21-999	F	$665.23	$665.23	$321.28	$321.28	-51.70%
2	S2060	Lobar lung transplantation	0-20	F	$2,684.07	$2,684.07	$2,668.63	$2,668.63	-0.58%
2	S2060	Lobar lung transplantation	21-999	F	$2,556.24	$2,556.24	$2,541.54	$2,541.54	-0.58%
8	S2060	Lobar lung transplantation	0-20	F	$429.45	$429.45	$426.98	$426.98	-0.58%
8	S2060	Lobar lung transplantation	21-999	F	$409.00	$409.00	$406.65	$406.65	-0.57%
2	S2065	Simultaneous pancreas kidney transplantation	0-20	F	$3,055.40	$3,055.40	$3,050.62	$3,050.62	-0.16%
2	S2065	Simultaneous pancreas kidney transplantation	21-999	F	$2,909.88	$2,909.88	$2,905.34	$2,905.34	-0.16%
8	S2065	Simultaneous pancreas kidney transplantation	0-20	F	$488.86	$488.86	$488.10	$488.10	-0.16%
8	S2065	Simultaneous pancreas kidney transplantation	21-999	F	$465.58	$465.58	$464.85	$464.85	-0.16%
2	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	0-999	F	$16,687.05	$16,687.05	$16,687.05	$16,687.05	0.00%
8	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	0-999	F	$2,669.93	$2,669.93	$2,669.93	$2,669.93	0.00%
2	S2079	Laparoscopic esophagomyotomy (Heller type)	0-20	F	$1,003.12	$1,003.12	$1,048.03	$1,048.03	4.48%
2	S2079	Laparoscopic esophagomyotomy (Heller type)	21-999	F	$955.35	$955.35	$998.12	$998.12	4.48%
2	S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	0-20	F	$1,266.67	$1,266.67	$1,270.88	$1,270.88	0.33%

CFR ATTACHMENT 6 - "S" Codes TOS 1-2-8 (Proposed to be effective April 1, 2019)

					CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	21-999	F	$1,206.35	$1,206.35	$1,210.36	$1,210.36	0.33%
2	S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	0-20	F	$1,552.96	$1,552.96	$1,553.80	$1,553.80	0.05%
2	S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	21-999	F	$1,479.00	$1,479.00	$1,479.80	$1,479.80	0.05%
2	S2142	Cord blood-derived stem-cell transplantation, allogeneic	0-20	F	$67.36	$67.36	$67.64	$67.64	0.42%
2	S2142	Cord blood-derived stem-cell transplantation, allogeneic	21-999	F	$64.15	$64.15	$64.42	$64.42	0.42%
2	S2225	Myringotomy, laser-assisted	0-20	F	$96.55	$96.55	$95.43	$95.43	-1.16%
2	S2225	Myringotomy, laser-assisted	21-999	F	$91.95	$91.95	$90.88	$90.88	-1.16%
2	S2235	Implantation of auditory brain stem implant	0-20	F	$1,109.78	$1,109.78	$1,053.92	$1,053.92	-5.03%
2	S2235	Implantation of auditory brain stem implant	21-999	F	$1,056.92	$1,056.92	$1,003.73	$1,003.73	-5.03%
8	S2235	Implantation of auditory brain stem implant	0-20	F	$177.56	$177.56	$168.63	$168.63	-5.03%
8	S2235	Implantation of auditory brain stem implant	21-999	F	$169.11	$169.11	$160.60	$160.60	-5.03%
2	S2325	Hip core decompression	0-20	F	$738.45	$738.45	$740.69	$740.69	0.30%
2	S2325	Hip core decompression	21-999	F	$703.28	$703.28	$705.42	$705.42	0.30%
8	S2325	Hip core decompression	0-20	F	$118.15	$118.15	$118.51	$118.51	0.30%
8	S2325	Hip core decompression	21-999	F	$112.52	$112.52	$112.87	$112.87	0.31%
2	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	0-20	F	$379.19	$379.19	$424.38	$424.38	11.92%
2	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	21-999	F	$361.13	$361.13	$404.17	$404.17	11.92%
8	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	0-20	F	$60.67	$60.67	$67.90	$67.90	11.92%
8	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	21-999	F	$57.78	$57.78	$64.67	$64.67	11.92%
2	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	0-20	F	$1,639.12	$1,639.12	$1,679.54	$1,679.54	2.47%
2	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	21-999	F	$1,561.06	$1,561.06	$1,599.55	$1,599.55	2.47%
8	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	0-20	F	$262.26	$262.26	$268.73	$268.73	2.47%
8	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	21-999	F	$249.77	$249.77	$255.93	$255.93	2.47%
2	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	0-20	F	$1,639.12	$1,639.12	$1,679.54	$1,679.54	2.47%
2	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	21-999	F	$1,561.06	$1,561.06	$1,599.55	$1,599.55	2.47%
8	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	0-20	F	$262.26	$262.26	$268.73	$268.73	2.47%
8	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	21-999	F	$249.77	$249.77	$255.93	$255.93	2.47%
2	S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	0-20	F	$2,184.75	$2,184.75	$2,229.94	$2,229.94	2.07%
2	S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	21-999	F	$2,080.70	$2,080.70	$2,123.74	$2,123.74	2.07%
8	S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	0-20	F	$349.56	$349.56	$356.79	$356.79	2.07%

CFR ATTACHMENT 6 - "S" Codes TOS 1-2-8 (Proposed to be effective April 1, 2019)

					CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
TOS*	Proce-dure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
8	S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	21-999	F	$332.91	$332.91	$339.80	$339.80	2.07%
2	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	0-999	F	Manually Priced	#VALUE!	Manually Priced	Manually Priced	0.00%
8	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	0-999	F	Manually Priced	#VALUE!	Manually Priced	Manually Priced	0.00%
2	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	0-20	F	$146.23	$146.23	$145.39	$145.39	-0.57%
2	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	21-999	F	$139.27	$139.27	$138.46	$138.46	-0.58%
8	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	0-20	F	$23.40	$23.40	$23.26	$23.26	-0.60%
8	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	21-999	F	$22.28	$22.28	$22.15	$22.15	-0.58%
2	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	0-20	F	$597.83	$597.83	$602.32	$602.32	0.75%
2	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	21-999	F	$569.36	$569.36	$573.64	$573.64	0.75%
1	S9441	Asthma education, nonphysician provider, per session	0-999	N/F	$22.17	$22.17	$21.12	$21.12	-4.74%
1	S9445	patient education, not otherwise classified, non-physician provider, individual, per session	0-999	F	$80.87	$80.87	$80.87	$80.87	0.00%
1	S9470	Nutritional counseling, dietitian visit	0-999	N	$55.02	$55.02	$55.02	$55.02	0.00%
1	S9470	Nutritional counseling, dietitian visit	0-999	F	$51.64	$51.64	$51.64	$51.64	0.00%

*Type of Service (TOS)	
1	Medical Services
2	Surgery
8	Assistant Surgery

** Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2019 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.