

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
RATE ANALYSIS DEPARTMENT**

**Notice of Proposed Adjustments to Fees, Rates or
Charges for 2019 Annual Healthcare Common
Procedure Coding System (HCPCS) Updates**

**Adjustments are proposed to be effective
January 1, 2019**

SUMMARY OF PROPOSED ADJUSTMENTS

To Be Effective January 1, 2019

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for 2019 Annual Healthcare Common Procedure Coding System (HCPCS) Updates. The Texas Health and Human Services Commission (HHSC) intends to submit an amendment to the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act to update the fee schedules to reflect these proposed adjustments. The rates are proposed to be effective January 1, 2019.

Hearing

The Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed adjustments to Medicaid rates detailed in this document on January 14, 2019, at 1:30 p.m. in the Public Hearing Room in the Brown-Heatly Building at 4900 North Lamar Boulevard, Austin, Texas 78751, with entrance through Security at the front of the building facing Lamar Boulevard. HHSC will consider all concerns expressed at the hearing prior to final rate approval. This public hearing will be held in compliance with the provisions of Human Resources Code §32.0282 which requires a public hearing on proposed payment rate adjustments. Should you have any questions regarding the information in this document, please contact:

Rate Analysis for Acute Care Services
Texas Health and Human Services Commission
E-mail: RADAcuteCare@hsc.state.tx.us

HHSC will broadcast the public hearing; the broadcast can be accessed at <https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings>. The broadcast will be archived and can be accessed on demand at the same website.

Background

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program. Proposed rates are calculated utilizing established methodologies that conform to the Social Security Act and related federal regulations, the federally approved Texas Medicaid State Plan, all applicable state statutes and rules, and other requirements. HHSC reviews the

Medicaid reimbursement rates for all acute care services every two years. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are conducted to ensure that rates continue to be based on established rate methodologies.

Methodology

The proposed payment rates were calculated in accordance with Title 1 of the Texas Administrative Code:

§355.8021, which addresses the reimbursement methodology for home health services;

§355.8023, which addresses the reimbursement methodology for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS);

§355.8061, which addresses the reimbursement methodology for outpatient hospital imaging;

§355.8085, which addresses the reimbursement methodology for physicians and other practitioners;

§355.8097, which addresses the reimbursement methodology for physical, occupational, and speech therapy services;

§355.8121, which addresses the reimbursement methodology for ambulatory surgical centers;

§355.8141, which addresses the reimbursement methodology for certified hearing aid services;

§355.8221, which addresses the reimbursement methodology for certified registered nurse anesthetists and anesthesiologist assistants;

§355.8441, which addresses the reimbursement methodology for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services (also known as Texas Health Steps); and

§355.8610, which addresses the reimbursement methodology for clinical laboratory services.

Proposed Rate Adjustments

The methodologies used to determine the proposed fee-for-service Medicaid rates are summarized below:

- Procedure codes and descriptions used in the Texas Medicaid Program are national standard code sets as required by federal laws; Healthcare Common Procedural Coding System (HCPCS) and Current Procedural Terminology (CPT).
- Resource-based fee (RBF) methodology uses relative value units (RVUs) established by Medicare times a conversion factor. Current conversion factors include \$28.0672 for most services provided to children 20 years of age and younger and \$26.7305 for services provided to adults 21 years of age and older. Fees for services provided to children and identified as having access-to-care issues may be assigned a higher conversion factor, currently \$30.00.
- Access-based fees (ABFs) allow the state to reimburse for procedure codes not covered by Medicare or for which the Medicare fee is inadequate, or account for particularly difficult procedures, or encourage provider participation to ensure access to care.
- ABFs may also be established based on the Medicare fee for a service that is not priced using RVUs. Physician-administered drug pricing methodologies are outlined in §355.8085.
- For services and items that are not covered by Medicare or for which the Medicare rate is insufficient, different approaches are used to develop fees based on available information. These alternate methods include, as applicable:
 - The median or mean of the Medicaid fees from 14 states (the 10 most populous and the 4 bordering Texas) or the median or mean of the states that cover the service
 - Regional Medicare pricing from Novitas or a percentage of the Medicare fee
 - The current Medicaid fee for a similar service (comparable code)
 - 82 percent of the manufacturer suggested retail price (MSRP) supplied by provider associations or manufacturers
 - 89.5 percent of the average wholesale price for enteral and parenteral products
 - Cost shown on a manufacturer's invoice submitted by the provider to HHSC
- Rate determination methodologies related to outpatient hospital services are addressed in §355.8061.

Specific proposed payment rate adjustments are listed in the attachments outlined below:

- HCPCS Att 1 – TOS 1 Drugs
- HCPCS Att 2 – TOS 1 Medical Services
- HCPCS Att 3 – TOS 2-8 Surgery and Assistant Surgery
- HCPCS Att 4 – Clinical Diagnostic Laboratory Services
- HCPCS Att 5 – Ambulatory Surgical Centers/Hospital Ambulatory Surgical Centers
- HCPCS Att 6 – Hospital Outpatient Radiology
- HCPCS Att 7 – Rural Hospital Outpatient Radiology
- HCPCS Att 8 – TOS 4-I-T Radiology Services
- HCPCS Att 9 – TOS 5-I-T Nonclinical Laboratory Services
- HCPCS Att 10 – TOS 9-L Other Medical Items or Services
- HCPCS Att 11 – TOS R Hearing Aids
- HCPCS Att 12 – TOS W THSteps Dental/Orthodontia

Written Comments

Written comments regarding the proposed payment rate adjustments will be accepted in lieu of, or in addition to, oral testimony until 5 p.m. the day of the hearing. Written comments may be sent by U.S. mail to the Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Rate Analysis at (512) 730-7475; or by e-mail to RADAcuteCare@hhsc.state.tx.us. In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, Brown-Heatly Building, 4900 North Lamar, Austin, Texas 78751

Persons with disabilities who wish to attend the hearing and require auxiliary aids or services should contact the Rate Analysis Department, (512) 730-7401, at least 72 hours in advance for appropriate arrangements.

HCPCS ATTACHMENT 1 - TOS 1 - DRUGS REVISED(Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Mod-ifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	C9035		injection, arpiprazole lauroxil (Aristada Initio), 1 mg	0-999	N/F	Not a Benefit	Not a Benefit	\$2.97	\$2.97	100.00%
1	C9036		injection, patisiran, 0.1 mg	0-999	N/F	Not a Benefit	Not a Benefit	\$102.03	\$102.03	100.00%
1	C9039		injection, plazomicin, 5 mg	0-999	N/F	Not a Benefit	Not a Benefit	\$3.38	\$3.38	100.00%
1	J0185		injection, aprepitant, 1 mg	0-999	N/F	\$4.26	\$4.26	\$2.10	\$2.10	-50.70%
1	J0517		injection, benralizumab, 1 mg	0-999	N/F	\$170.13	\$170.13	\$161.57	\$161.57	-5.03%
1	J0567		injection, cerliponase alfa, 1 mg	0-999	N/F	\$91.80	\$91.80	\$91.80	\$91.80	0.00%
1	J0584		injection, burosumab-twza 1 mg	0-999	N/F	\$365.16	\$365.16	\$365.16	\$365.16	0.00%
1	J0599		injection, c-1 esterase inhibitor (human), (Haegarda), 10 units	0-999	N/F	\$9.59	\$9.59	\$9.59	\$9.59	0.00%
1	J0887		injection, epoetin beta, 1 microgram, (for esrd on dialysis)	0-999	N/F	Not a Benefit	Not a Benefit	\$1.72	\$1.72	100.00%
1	J1301		injection, edaravone, 1 mg	0-999	N/F	\$18.46	\$18.46	\$19.82	\$19.82	7.37%
1	J1454		injection, fosnetupitant 235 mg and palonosetron 0.25 mg	0-999	N/F	\$547.74	\$547.74	\$547.74	\$547.74	0.00%
1	J1628		injection, guselkumab, 1 mg	0-999	N/F	\$103.62	\$103.62	\$103.62	\$103.62	0.00%
1	J1746		injection, ibalizumab-uiyk, 10 mg	0-999	N/F	\$60.95	\$60.95	\$60.95	\$60.95	0.00%
1	J2062		loxapine for inhalation, 1 mg	0-999	N/F	Not a Benefit	Not a Benefit	\$153.00	\$153.00	100.00%
1	J2186		inj., meropenem, vaboractam	0-999	N/F	Not a Benefit	Not a Benefit	\$29.72	\$29.72	100.00%
1	J3304		injection, triamcinolone acetamide, preservative-free, extended-release,	0-999	N/F	\$19.13	\$19.13	\$16.61	\$16.61	-11.41%
1	J3316		injection, triptorelin extended release, 3.75 mg	0-999	N/F	\$2,720.00	\$2,720.00	\$3,280.00	\$3,280.00	20.59%
1	J3397		injection, vestronidase alfa-vjvk, 1 mg	0-999	N/F	\$227.15	\$227.15	\$227.15	\$227.15	0.00%
1	J3398		injection, voretigene neparvovec-rzyl, 1 billion vector genomes	0-999	N/F	\$2,833.33	\$2,833.33	\$2,833.33	\$2,833.33	0.00%
1	J7170		injection, emicizumab-kxwh, 0.5 mg	0-999	N/F	\$44.28	\$44.28	\$48.46	\$48.46	9.44%
1	J7177		injection, human fibrinogen concentrate (Fibryga), 1 mg	0-999	N/F	Not a Benefit	Not a Benefit	\$0.02	\$0.02	100.00%
1	J7203		injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (Rebiny), Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg	0-999	N/F	\$4.30	\$4.30	\$4.30	\$4.30	0.00%
1	J7318		intra-articular injection, 1 mg	0-999	N/F	\$994.50	\$994.50	\$349.05	\$349.05	-64.90%
1	J7329		Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	0-999	N/F	Not a Benefit	Not a Benefit	\$6.93	\$6.93	100.00%
1	J9044		injection, bortezomib, not otherwise specified, 0.1 mg	0-999	N/F	\$46.75	\$46.75	\$45.55	\$45.55	-2.57%
1	J9057		injection, copanlisib, 1 mg	0-999	N/F	\$91.48	\$91.48	\$91.48	\$91.48	0.00%
1	J9153		injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	0-999	N/F	\$211.36	\$211.36	\$217.70	\$217.70	3.00%
1	J9173		injection, durvalumab, 10 mg	0-999	N/F	\$84.12	\$84.12	\$84.12	\$84.12	0.00%
1	J9229		injection, inotuzumab ozogamicin, 0.1 mg	0-999	N/F	\$1,870.00	\$1,870.00	\$2,493.33	\$2,493.33	33.33%
1	J9311		injection, rituximab 10 mg and hyaluronidase	0-999	N/F	\$46.38	\$46.38	\$47.78	\$47.78	3.02%
1	J9312		injection, rituximab 10 mg	0-999	N/F	\$91.53	\$91.53	\$91.99	\$91.99	0.50%
1	Q2042		tisagenlecleucel car-pos t (DLBCL- large B cell lymphoma)	0-999	N/F	Not a Benefit	Not a Benefit	\$447,600.00	\$447,600.00	100.00%
1	Q2042	U1	tisagenlecleucel car-pos t (ALL - acute lymphoblastic leukemia)	0-999	N/F	\$570,000.00	\$570,000.00	\$570,000.00	\$570,000.00	0.00%
1	Q5108		injection, pegfilgrastim-jmdb, biosimilar, (FULPHILA), 0.5 mg	0-999	N/F	\$358.35	\$358.35	\$358.35	\$358.35	0.00%
1	Q5110		injection, filgrastim-aafi, biosimilar, (NIVESTYM), 1 microgram	0-999	N/F	\$0.75	\$0.75	\$0.75	\$0.75	0.00%

*Type of Service (TOS)	
1	Medical Services

** 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.

HPCPS ATTACHMENT 2 - TOS 1 - Medical Services (Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Mod-ifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	92273		**	0-20	N/F	Not a Benefit	Not a Benefit	\$106.09	\$106.09	100.00%
1	92273		**	21-999	N/F	Not a Benefit	Not a Benefit	\$101.04	\$101.04	100.00%
I	92273		**	0-20	N/F	Not a Benefit	Not a Benefit	\$29.75	\$29.75	100.00%
I	92273		**	21-999	N/F	Not a Benefit	Not a Benefit	\$28.33	\$28.33	100.00%
T	92273		**	0-20	N/F	Not a Benefit	Not a Benefit	\$76.34	\$76.34	100.00%
T	92273		**	21-999	N/F	Not a Benefit	Not a Benefit	\$72.71	\$72.71	100.00%
1	92274		**	0-20	N/F	Not a Benefit	Not a Benefit	\$71.85	\$71.85	100.00%
1	92274		**	21-999	N/F	Not a Benefit	Not a Benefit	\$68.43	\$68.43	100.00%
I	92274		**	0-20	N/F	Not a Benefit	Not a Benefit	\$26.38	\$26.38	100.00%
I	92274		**	21-999	N/F	Not a Benefit	Not a Benefit	\$25.13	\$25.13	100.00%
T	92274		**	0-20	N/F	Not a Benefit	Not a Benefit	\$45.47	\$45.47	100.00%
T	92274		**	21-999	N/F	Not a Benefit	Not a Benefit	\$43.30	\$43.30	100.00%
1	92275		**	0-20	N/F	\$136.41	\$136.41	Not a Benefit	Not a Benefit	-100.00%
1	92275		**	21-999	N/F	\$129.91	\$129.91	Not a Benefit	Not a Benefit	-100.00%
I	92275		**	0-20	N/F	\$42.38	\$42.38	Not a Benefit	Not a Benefit	-100.00%
I	92275		**	21-999	N/F	\$40.36	\$40.36	Not a Benefit	Not a Benefit	-100.00%
T	92275		**	0-20	N/F	\$73.54	\$73.54	Not a Benefit	Not a Benefit	-100.00%
T	92275		**	21-999	N/F	\$70.03	\$70.03	Not a Benefit	Not a Benefit	-100.00%
5	96101		**	0-20	N	\$84.52	\$84.52	Not a Benefit	Not a Benefit	-100.00%
5	96101		**	0-20	F	\$84.52	\$84.52	Not a Benefit	Not a Benefit	-100.00%
5	96101		**	21-999	N	\$84.52	\$84.52	Not a Benefit	Not a Benefit	-100.00%
5	96101		**	21-999	F	\$84.52	\$84.52	Not a Benefit	Not a Benefit	-100.00%
5	96101	UB	**	0-20	N	\$60.37	\$60.37	Not a Benefit	Not a Benefit	-100.00%
5	96101	UB	**	0-20	F	\$60.37	\$60.37	Not a Benefit	Not a Benefit	-100.00%
5	96101	UB	**	21-999	N	\$60.37	\$60.37	Not a Benefit	Not a Benefit	-100.00%
5	96101	UB	**	21-999	F	\$60.37	\$60.37	Not a Benefit	Not a Benefit	-100.00%
5	96111		**	0-20	N	\$104.13	\$104.13	Not a Benefit	Not a Benefit	-100.00%
5	96111		**	0-20	F	\$99.36	\$99.36	Not a Benefit	Not a Benefit	-100.00%
5	96111		**	21-999	N	\$99.17	\$99.17	Not a Benefit	Not a Benefit	-100.00%
5	96111		**	21-999	F	\$94.63	\$94.63	Not a Benefit	Not a Benefit	-100.00%
1	96112		**	0-20	N	Not a Benefit	Not a Benefit	\$107.50	\$107.50	100.00%
1	96112		**	0-20	F	Not a Benefit	Not a Benefit	\$101.32	\$101.32	100.00%
1	96112		**	21-999	N	Not a Benefit	Not a Benefit	\$102.38	\$102.38	100.00%
1	96112		**	21-999	F	Not a Benefit	Not a Benefit	\$96.50	\$96.50	100.00%
1	96113		**	0-20	N	Not a Benefit	Not a Benefit	\$47.99	\$47.99	100.00%
1	96113		**	0-20	F	Not a Benefit	Not a Benefit	\$46.31	\$46.31	100.00%
1	96113		**	21-999	N	Not a Benefit	Not a Benefit	\$45.71	\$45.71	100.00%
1	96113		**	21-999	F	Not a Benefit	Not a Benefit	\$44.11	\$44.11	100.00%
1	96118		**	0-20	N	\$77.18	\$77.18	Not a Benefit	Not a Benefit	-100.00%
1	96118		**	0-20	F	\$62.31	\$62.31	Not a Benefit	Not a Benefit	-100.00%
1	96118		**	21-999	N	\$73.51	\$73.51	Not a Benefit	Not a Benefit	-100.00%
1	96118		**	21-999	F	\$59.34	\$59.34	Not a Benefit	Not a Benefit	-100.00%
1	96118	UB	**	0-20	N	\$55.13	\$55.13	Not a Benefit	Not a Benefit	-100.00%
1	96118	UB	**	0-20	F	\$44.51	\$44.51	Not a Benefit	Not a Benefit	-100.00%
1	96118	UB	**	21-999	N	\$52.51	\$52.51	Not a Benefit	Not a Benefit	-100.00%
1	96118	UB	**	21-999	F	\$42.39	\$42.39	Not a Benefit	Not a Benefit	-100.00%
1	96121		**	0-20	N	Not a Benefit	Not a Benefit	\$65.12	\$65.12	100.00%
1	96121		**	0-20	F	Not a Benefit	Not a Benefit	\$62.03	\$62.03	100.00%
1	96121		**	21-999	N	Not a Benefit	Not a Benefit	\$62.01	\$62.01	100.00%
1	96121		**	21-999	F	Not a Benefit	Not a Benefit	\$59.07	\$59.07	100.00%
1	96121	UB	**	0-20	N	Not a Benefit	Not a Benefit	\$32.56	\$32.56	100.00%
1	96121	UB	**	0-20	F	Not a Benefit	Not a Benefit	\$31.01	\$31.01	100.00%
1	96121	UB	**	21-999	N	Not a Benefit	Not a Benefit	\$31.01	\$31.01	100.00%
1	96121	UB	**	21-999	F	Not a Benefit	Not a Benefit	\$29.54	\$29.54	100.00%
1	96130		**	0-20	N	Not a Benefit	Not a Benefit	\$92.62	\$92.62	100.00%
1	96130		**	0-20	F	Not a Benefit	Not a Benefit	\$87.01	\$87.01	100.00%
1	96130		**	21-999	N	Not a Benefit	Not a Benefit	\$88.21	\$88.21	100.00%
1	96130		**	21-999	F	Not a Benefit	Not a Benefit	\$82.86	\$82.86	100.00%
1	96130	UB	**	0-20	N	Not a Benefit	Not a Benefit	\$46.31	\$46.31	100.00%
1	96130	UB	**	0-20	F	Not a Benefit	Not a Benefit	\$43.50	\$43.50	100.00%
1	96130	UB	**	21-999	N	Not a Benefit	Not a Benefit	\$44.11	\$44.11	100.00%
1	96130	UB	**	21-999	F	Not a Benefit	Not a Benefit	\$41.43	\$41.43	100.00%
1	96131		**	0-20	N	Not a Benefit	Not a Benefit	\$70.45	\$70.45	100.00%
1	96131		**	0-20	F	Not a Benefit	Not a Benefit	\$66.24	\$66.24	100.00%
1	96131		**	21-999	N	Not a Benefit	Not a Benefit	\$67.09	\$67.09	100.00%
1	96131		**	21-999	F	Not a Benefit	Not a Benefit	\$63.08	\$63.08	100.00%
1	96131	UB	**	0-20	N	Not a Benefit	Not a Benefit	\$35.22	\$35.22	100.00%
1	96131	UB	**	0-20	F	Not a Benefit	Not a Benefit	\$33.12	\$33.12	100.00%
1	96131	UB	**	21-999	N	Not a Benefit	Not a Benefit	\$33.55	\$33.55	100.00%
1	96131	UB	**	21-999	F	Not a Benefit	Not a Benefit	\$31.54	\$31.54	100.00%
1	96132		**	0-20	N	Not a Benefit	Not a Benefit	\$104.13	\$104.13	100.00%
1	96132		**	0-20	F	Not a Benefit	Not a Benefit	\$85.32	\$85.32	100.00%
1	96132		**	21-999	N	Not a Benefit	Not a Benefit	\$99.17	\$99.17	100.00%
1	96132		**	21-999	F	Not a Benefit	Not a Benefit	\$81.26	\$81.26	100.00%
1	96132	UB	**	0-20	N	Not a Benefit	Not a Benefit	\$52.06	\$52.06	100.00%
1	96132	UB	**	0-20	F	Not a Benefit	Not a Benefit	\$42.66	\$42.66	100.00%
1	96132	UB	**	21-999	N	Not a Benefit	Not a Benefit	\$49.59	\$49.59	100.00%
1	96132	UB	**	21-999	F	Not a Benefit	Not a Benefit	\$40.63	\$40.63	100.00%
1	96133		**	0-20	N	Not a Benefit	Not a Benefit	\$79.43	\$79.43	100.00%
1	96133		**	0-20	F	Not a Benefit	Not a Benefit	\$65.40	\$65.40	100.00%
1	96133		**	21-999	N	Not a Benefit	Not a Benefit	\$75.65	\$75.65	100.00%
1	96133		**	21-999	F	Not a Benefit	Not a Benefit	\$62.28	\$62.28	100.00%
1	96133	UB	**	0-20	N	Not a Benefit	Not a Benefit	\$39.72	\$39.72	100.00%
1	96133	UB	**	0-20	F	Not a Benefit	Not a Benefit	\$32.70	\$32.70	100.00%
1	96133	UB	**	21-999	N	Not a Benefit	Not a Benefit	\$37.82	\$37.82	100.00%
1	96133	UB	**	21-999	F	Not a Benefit	Not a Benefit	\$31.14	\$31.14	100.00%
1	96136		**	0-20	N	Not a Benefit	Not a Benefit	\$37.33	\$37.33	100.00%
1	96136		**	0-20	F	Not a Benefit	Not a Benefit	\$19.65	\$19.65	100.00%
1	96136		**	21-999	N	Not a Benefit	Not a Benefit	\$35.55	\$35.55	100.00%
1	96136		**	21-999	F	Not a Benefit	Not a Benefit	\$18.71	\$18.71	100.00%

HCPCS ATTACHMENT 2 - TOS 1 - Medical Services (Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	96136	UB	**	0-20	N	Not a Benefit	Not a Benefit	\$18.66	\$18.66	100.00%
1	96136	UB	**	0-20	F	Not a Benefit	Not a Benefit	\$9.82	\$9.82	100.00%
1	96136	UB	**	21-999	N	Not a Benefit	Not a Benefit	\$17.78	\$17.78	100.00%
1	96136	UB	**	21-999	F	Not a Benefit	Not a Benefit	\$9.36	\$9.36	100.00%
1	96137		**	0-20	N	Not a Benefit	Not a Benefit	\$34.52	\$34.52	100.00%
1	96137		**	0-20	F	Not a Benefit	Not a Benefit	\$15.44	\$15.44	100.00%
1	96137		**	21-999	N	Not a Benefit	Not a Benefit	\$32.88	\$32.88	100.00%
1	96137		**	21-999	F	Not a Benefit	Not a Benefit	\$14.70	\$14.70	100.00%
1	96137	UB	**	0-20	N	Not a Benefit	Not a Benefit	\$17.26	\$17.26	100.00%
1	96137	UB	**	0-20	F	Not a Benefit	Not a Benefit	\$7.72	\$7.72	100.00%
1	96137	UB	**	21-999	N	Not a Benefit	Not a Benefit	\$16.44	\$16.44	100.00%
1	96137	UB	**	21-999	F	Not a Benefit	Not a Benefit	\$7.35	\$7.35	100.00%
1	99090		**	0-20	N/F	\$50.00	\$50.00	Not a Benefit	Not a Benefit	-100.00%
1	99090		**	21-999	N/F	\$50.00	\$50.00	Not a Benefit	Not a Benefit	-100.00%
1	99453		**	0-20	N/F	Not a Benefit	Not a Benefit	\$15.16	\$15.16	100.00%
1	99453		**	21-999	N/F	Not a Benefit	Not a Benefit	\$14.43	\$14.43	100.00%
1	99454		**	0-20	N/F	Not a Benefit	Not a Benefit	\$49.96	\$49.96	100.00%
1	99454		**	21-999	N/F	Not a Benefit	Not a Benefit	\$47.58	\$47.58	100.00%
1	G2011		alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	0-20	N	Not a Benefit	Not a Benefit	\$13.19	\$13.19	100.00%
1	G2011		alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	0-20	F	Not a Benefit	Not a Benefit	\$13.19	\$13.19	100.00%
1	G2011		alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	21-999	N	Not a Benefit	Not a Benefit	\$12.56	\$12.56	100.00%
1	G2011		alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	21-999	F	Not a Benefit	Not a Benefit	\$12.56	\$12.56	100.00%

*Type of Service (TOS)	
1	Medical Services

Modifier	
UB	Medicaid Level of Care 11

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HCPCS ATTACHMENT 3 - TOS 2-8 - Surgery and Assistant Surgery (Proposed to be effective January 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	10004	**	0-20	N	Not a Benefit	Not a Benefit	\$41.82	\$41.82	100.00%
2	10004	**	0-20	F	Not a Benefit	Not a Benefit	\$35.08	\$35.08	100.00%
2	10004	**	21-999	N	Not a Benefit	Not a Benefit	\$39.83	\$39.83	100.00%
2	10004	**	21-999	F	Not a Benefit	Not a Benefit	\$33.41	\$33.41	100.00%
2	10005	**	0-20	N	Not a Benefit	Not a Benefit	\$100.76	\$100.76	100.00%
2	10005	**	0-20	F	Not a Benefit	Not a Benefit	\$58.94	\$58.94	100.00%
2	10005	**	21-999	N	Not a Benefit	Not a Benefit	\$95.96	\$95.96	100.00%
2	10005	**	21-999	F	Not a Benefit	Not a Benefit	\$56.13	\$56.13	100.00%
2	10006	**	0-20	N	Not a Benefit	Not a Benefit	\$47.99	\$47.99	100.00%
2	10006	**	0-20	F	Not a Benefit	Not a Benefit	\$40.14	\$40.14	100.00%
2	10006	**	21-999	N	Not a Benefit	Not a Benefit	\$45.71	\$45.71	100.00%
2	10006	**	21-999	F	Not a Benefit	Not a Benefit	\$38.22	\$38.22	100.00%
2	10007	**	0-20	N	Not a Benefit	Not a Benefit	\$227.06	\$227.06	100.00%
2	10007	**	0-20	F	Not a Benefit	Not a Benefit	\$75.78	\$75.78	100.00%
2	10007	**	21-999	N	Not a Benefit	Not a Benefit	\$216.25	\$216.25	100.00%
2	10007	**	21-999	F	Not a Benefit	Not a Benefit	\$72.17	\$72.17	100.00%
2	10008	**	0-20	N	Not a Benefit	Not a Benefit	\$127.99	\$127.99	100.00%
2	10008	**	0-20	F	Not a Benefit	Not a Benefit	\$49.40	\$49.40	100.00%
2	10008	**	21-999	N	Not a Benefit	Not a Benefit	\$121.89	\$121.89	100.00%
2	10008	**	21-999	F	Not a Benefit	Not a Benefit	\$47.05	\$47.05	100.00%
2	10009	**	0-20	N	Not a Benefit	Not a Benefit	\$371.61	\$371.61	100.00%
2	10009	**	0-20	F	Not a Benefit	Not a Benefit	\$91.78	\$91.78	100.00%
2	10009	**	21-999	N	Not a Benefit	Not a Benefit	\$353.91	\$353.91	100.00%
2	10009	**	21-999	F	Not a Benefit	Not a Benefit	\$87.41	\$87.41	100.00%
2	10010	**	0-20	N	Not a Benefit	Not a Benefit	\$223.98	\$223.98	100.00%
2	10010	**	0-20	F	Not a Benefit	Not a Benefit	\$67.08	\$67.08	100.00%
2	10010	**	21-999	N	Not a Benefit	Not a Benefit	\$213.31	\$213.31	100.00%
2	10010	**	21-999	F	Not a Benefit	Not a Benefit	\$63.89	\$63.89	100.00%
2	10011	**	0-20	N	Not a Benefit	Not a Benefit	\$112.75	\$112.75	100.00%
2	10011	**	0-20	F	Not a Benefit	Not a Benefit	\$52.48	\$52.48	100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - Surgery and Assistant Surgery (Proposed to be effective January 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	10011	**	21-999	N	Not a Benefit	Not a Benefit	\$107.38	\$107.38	100.00%
2	10011	**	21-999	F	Not a Benefit	Not a Benefit	\$49.98	\$49.98	100.00%
2	10012	**	0-20	N	Not a Benefit	Not a Benefit	\$112.75	\$112.75	100.00%
2	10012	**	0-20	F	Not a Benefit	Not a Benefit	\$52.48	\$52.48	100.00%
2	10012	**	21-999	N	Not a Benefit	Not a Benefit	\$107.38	\$107.38	100.00%
2	10012	**	21-999	F	Not a Benefit	Not a Benefit	\$49.98	\$49.98	100.00%
2	10022	**	0-20	N	\$112.27	\$112.27	Not a Benefit	Not a Benefit	-100.00%
2	10022	**	0-20	F	\$52.77	\$52.77	Not a Benefit	Not a Benefit	-100.00%
2	10022	**	21-999	N	\$106.92	\$106.92	Not a Benefit	Not a Benefit	-100.00%
2	10022	**	21-999	F	\$50.25	\$50.25	Not a Benefit	Not a Benefit	-100.00%
2	11100	**	0-20	N	\$84.20	\$84.20	Not a Benefit	Not a Benefit	-100.00%
2	11100	**	0-20	F	\$39.57	\$39.57	Not a Benefit	Not a Benefit	-100.00%
2	11100	**	21-999	N	\$80.19	\$80.19	Not a Benefit	Not a Benefit	-100.00%
2	11100	**	21-999	F	\$37.69	\$37.69	Not a Benefit	Not a Benefit	-100.00%
2	11101	**	0-20	N	\$26.10	\$26.10	Not a Benefit	Not a Benefit	-100.00%
2	11101	**	0-20	F	\$20.21	\$20.21	Not a Benefit	Not a Benefit	-100.00%
2	11101	**	21-999	N	\$24.86	\$24.86	Not a Benefit	Not a Benefit	-100.00%
2	11101	**	21-999	F	\$19.25	\$19.25	Not a Benefit	Not a Benefit	-100.00%
2	11102	**	0-20	N	Not a Benefit	Not a Benefit	\$78.59	\$78.59	100.00%
2	11102	**	0-20	F	Not a Benefit	Not a Benefit	\$32.00	\$32.00	100.00%
2	11102	**	21-999	N	Not a Benefit	Not a Benefit	\$74.85	\$74.85	100.00%
2	11102	**	21-999	F	Not a Benefit	Not a Benefit	\$30.47	\$30.47	100.00%
2	11103	**	0-20	N	Not a Benefit	Not a Benefit	\$42.38	\$42.38	100.00%
2	11103	**	0-20	F	Not a Benefit	Not a Benefit	\$18.52	\$18.52	100.00%
2	11103	**	21-999	N	Not a Benefit	Not a Benefit	\$40.36	\$40.36	100.00%
2	11103	**	21-999	F	Not a Benefit	Not a Benefit	\$17.64	\$17.64	100.00%
2	11104	**	0-20	N	Not a Benefit	Not a Benefit	\$98.80	\$98.80	100.00%
2	11104	**	0-20	F	Not a Benefit	Not a Benefit	\$40.14	\$40.14	100.00%
2	11104	**	21-999	N	Not a Benefit	Not a Benefit	\$94.09	\$94.09	100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - Surgery and Assistant Surgery (Proposed to be effective January 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	11104	**	21-999	F	Not a Benefit	Not a Benefit	\$38.22	\$38.22	100.00%
2	11105	**	0-20	N	Not a Benefit	Not a Benefit	\$48.56	\$48.56	100.00%
2	11105	**	0-20	F	Not a Benefit	Not a Benefit	\$21.89	\$21.89	100.00%
2	11105	**	21-999	N	Not a Benefit	Not a Benefit	\$46.24	\$46.24	100.00%
2	11105	**	21-999	F	Not a Benefit	Not a Benefit	\$20.85	\$20.85	100.00%
2	11106	**	0-20	N	Not a Benefit	Not a Benefit	\$119.57	\$119.57	100.00%
2	11106	**	0-20	F	Not a Benefit	Not a Benefit	\$48.84	\$48.84	100.00%
2	11106	**	21-999	N	Not a Benefit	Not a Benefit	\$113.87	\$113.87	100.00%
2	11106	**	21-999	F	Not a Benefit	Not a Benefit	\$46.51	\$46.51	100.00%
2	11107	**	0-20	N	Not a Benefit	Not a Benefit	\$57.26	\$57.26	100.00%
2	11107	**	0-20	F	Not a Benefit	Not a Benefit	\$26.10	\$26.10	100.00%
2	11107	**	21-999	N	Not a Benefit	Not a Benefit	\$54.53	\$54.53	100.00%
2	11107	**	21-999	F	Not a Benefit	Not a Benefit	\$24.86	\$24.86	100.00%
2	20932	**	0-20	F	Not a Benefit	Not a Benefit	\$576.50	\$576.50	100.00%
2	20932	**	21-999	F	Not a Benefit	Not a Benefit	\$549.04	\$549.04	100.00%
8	20932	**	0-20	F	Not a Benefit	Not a Benefit	\$92.24	\$92.24	100.00%
8	20932	**	21-999	F	Not a Benefit	Not a Benefit	\$87.85	\$87.85	100.00%
2	20933	**	0-20	F	Not a Benefit	Not a Benefit	\$528.79	\$528.79	100.00%
2	20933	**	21-999	F	Not a Benefit	Not a Benefit	\$503.60	\$503.60	100.00%
8	20933	**	0-20	F	Not a Benefit	Not a Benefit	\$84.61	\$84.61	100.00%
8	20933	**	21-999	F	Not a Benefit	Not a Benefit	\$80.58	\$80.58	100.00%
2	27369	**	0-20	N	Not a Benefit	Not a Benefit	\$113.95	\$113.95	100.00%
2	27369	**	0-20	F	Not a Benefit	Not a Benefit	\$32.84	\$32.84	100.00%
2	27369	**	21-999	N	Not a Benefit	Not a Benefit	\$108.53	\$108.53	100.00%
2	27369	**	21-999	F	Not a Benefit	Not a Benefit	\$31.27	\$31.27	100.00%
2	27370	**	0-20	N	\$122.65	\$122.65	Not a Benefit	Not a Benefit	-100.00%
2	27370	**	0-20	F	\$40.98	\$40.98	Not a Benefit	Not a Benefit	-100.00%
2	27370	**	21-999	N	\$116.81	\$116.81	Not a Benefit	Not a Benefit	-100.00%
2	27370	**	21-999	F	\$39.03	\$39.03	Not a Benefit	Not a Benefit	-100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - Surgery and Assistant Surgery (Proposed to be effective January 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	33282	**	0-20	F	\$183.84	\$183.84	Not a Benefit	Not a Benefit	-100.00%
2	33282	**	21-999	F	\$175.08	\$175.08	Not a Benefit	Not a Benefit	-100.00%
2	33284	**	0-20	F	\$161.11	\$161.11	Not a Benefit	Not a Benefit	-100.00%
2	33284	**	21-999	F	\$153.43	\$153.43	Not a Benefit	Not a Benefit	-100.00%
2	33285	**	0-20	N	Not a Benefit	Not a Benefit	\$4,099.78	\$4,099.78	100.00%
2	33285	**	0-20	F	Not a Benefit	Not a Benefit	\$72.69	\$72.69	100.00%
2	33285	**	21-999	N	Not a Benefit	Not a Benefit	\$3,904.52	\$3,904.52	100.00%
2	33285	**	21-999	F	Not a Benefit	Not a Benefit	\$69.23	\$69.23	100.00%
2	33286	**	0-20	N	Not a Benefit	Not a Benefit	\$106.66	\$106.66	100.00%
2	33286	**	0-20	F	Not a Benefit	Not a Benefit	\$71.29	\$71.29	100.00%
2	33286	**	21-999	N	Not a Benefit	Not a Benefit	\$101.58	\$101.58	100.00%
2	33286	**	21-999	F	Not a Benefit	Not a Benefit	\$67.90	\$67.90	100.00%
2	33440	**	0-20	F	Not a Benefit	Not a Benefit	\$2,753.39	\$2,753.39	100.00%
2	33440	**	21-999	F	Not a Benefit	Not a Benefit	\$2,622.26	\$2,622.26	100.00%
8	33440	**	0-20	F	Not a Benefit	Not a Benefit	\$440.54	\$440.54	100.00%
8	33440	**	21-999	F	Not a Benefit	Not a Benefit	\$419.56	\$419.56	100.00%
2	33866	**	0-20	F	Not a Benefit	Not a Benefit	\$837.81	\$837.81	100.00%
2	33866	**	21-999	F	Not a Benefit	Not a Benefit	\$797.91	\$797.91	100.00%
2	36572	**	0-20	N	Not a Benefit	Not a Benefit	\$334.00	\$334.00	100.00%
2	36572	**	0-20	F	Not a Benefit	Not a Benefit	\$74.38	\$74.38	100.00%
2	36572	**	21-999	N	Not a Benefit	Not a Benefit	\$318.09	\$318.09	100.00%
2	36572	**	21-999	F	Not a Benefit	Not a Benefit	\$70.84	\$70.84	100.00%
2	36573	**	0-20	N	Not a Benefit	Not a Benefit	\$314.35	\$314.35	100.00%
2	36573	**	0-20	F	Not a Benefit	Not a Benefit	\$68.76	\$68.76	100.00%
2	36573	**	21-999	N	Not a Benefit	Not a Benefit	\$299.38	\$299.38	100.00%
2	36573	**	21-999	F	Not a Benefit	Not a Benefit	\$65.49	\$65.49	100.00%
2	38531	**	0-20	N/F	Not a Benefit	Not a Benefit	\$353.65	\$353.65	100.00%
2	38531	**	21-999	N/F	Not a Benefit	Not a Benefit	\$336.80	\$336.80	100.00%
2	43760	**	0-20	N	\$352.22	\$352.22	Not a Benefit	Not a Benefit	-100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - Surgery and Assistant Surgery (Proposed to be effective January 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	43760	**	0-20	F	\$33.97	\$33.97	Not a Benefit	Not a Benefit	-100.00%
2	43760	**	21-999	N	\$335.44	\$335.44	Not a Benefit	Not a Benefit	-100.00%
2	43760	**	21-999	F	\$32.35	\$32.35	Not a Benefit	Not a Benefit	-100.00%
2	43762	**	0-20	N	Not a Benefit	Not a Benefit	\$177.10	\$177.10	100.00%
2	43762	**	0-20	F	Not a Benefit	Not a Benefit	\$30.59	\$30.59	100.00%
2	43762	**	21-999	N	Not a Benefit	Not a Benefit	\$168.67	\$168.67	100.00%
2	43762	**	21-999	F	Not a Benefit	Not a Benefit	\$29.14	\$29.14	100.00%
2	43763	**	0-20	N	Not a Benefit	Not a Benefit	\$262.99	\$262.99	100.00%
2	43763	**	0-20	F	Not a Benefit	Not a Benefit	\$67.64	\$67.64	100.00%
2	43763	**	21-999	N	Not a Benefit	Not a Benefit	\$250.46	\$250.46	100.00%
2	43763	**	21-999	F	Not a Benefit	Not a Benefit	\$64.42	\$64.42	100.00%
2	50395	**	0-20	N/F	\$144.83	\$144.83	Not a Benefit	Not a Benefit	-100.00%
2	50395	**	21-999	N/F	\$137.93	\$137.93	Not a Benefit	Not a Benefit	-100.00%
2	50436	**	0-20	N/F	Not a Benefit	Not a Benefit	\$122.65	\$122.65	100.00%
2	50436	**	21-999	N/F	Not a Benefit	Not a Benefit	\$116.81	\$116.81	100.00%
2	50437	**	0-20	N/F	Not a Benefit	Not a Benefit	\$204.61	\$204.61	100.00%
2	50437	**	21-999	N/F	Not a Benefit	Not a Benefit	\$194.87	\$194.87	100.00%
2	53854	**	0-20	N	Not a Benefit	Not a Benefit	\$1,460.90	\$1,460.90	100.00%
2	53854	**	0-20	F	Not a Benefit	Not a Benefit	\$305.65	\$305.65	100.00%
2	53854	**	21-999	N	Not a Benefit	Not a Benefit	\$1,391.32	\$1,391.32	100.00%
2	53854	**	21-999	F	Not a Benefit	Not a Benefit	\$291.10	\$291.10	100.00%
2	C9748	transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy	0-20	F	\$493.70	\$493.70	Not a Benefit	Not a Benefit	-100.00%
2	C9748	transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy	21-999	F	\$470.19	\$470.19	Not a Benefit	Not a Benefit	-100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - Surgery and Assistant Surgery (Proposed to be effective January 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	C9751	bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic	0-20	N	Not a Benefit	Not a Benefit	\$806.37	\$806.37	100.00%
2	C9751	bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic	0-20	F	Not a Benefit	Not a Benefit	\$198.72	\$198.72	100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - Surgery and Assistant Surgery (Proposed to be effective January 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	C9751	bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic	21-999	N	Not a Benefit	Not a Benefit	\$767.97	\$767.97	100.00%
2	C9751	bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic	21-999	F	Not a Benefit	Not a Benefit	\$189.25	\$189.25	100.00%
2	C9752	intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	0-20	N	Not a Benefit	Not a Benefit	\$330.07	\$330.07	100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - Surgery and Assistant Surgery (Proposed to be effective January 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	C9752	intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	0-20	F	Not a Benefit	Not a Benefit	\$177.95	\$177.95	100.00%
2	C9752	intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	21-999	N	Not a Benefit	Not a Benefit	\$314.35	\$314.35	100.00%
2	C9752	intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	21-999	F	Not a Benefit	Not a Benefit	\$169.47	\$169.47	100.00%
2	C9753	destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	0-20	N	Not a Benefit	Not a Benefit	\$136.13	\$136.13	100.00%
2	C9753	destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	0-20	F	Not a Benefit	Not a Benefit	\$47.99	\$47.99	100.00%
2	C9753	destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	21-999	N	Not a Benefit	Not a Benefit	\$129.64	\$129.64	100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - Surgery and Assistant Surgery (Proposed to be effective January 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	C9753	destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	21-999	F	Not a Benefit	Not a Benefit	\$45.71	\$45.71	100.00%
2	C9754	creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)	0-20	F	Not a Benefit	Not a Benefit	\$540.29	\$540.29	100.00%
2	C9754	creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)	21-999	F	Not a Benefit	Not a Benefit	\$514.56	\$514.56	100.00%
2	C9755	fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	0-20	F	Not a Benefit	Not a Benefit	\$540.29	\$540.29	100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - Surgery and Assistant Surgery (Proposed to be effective January 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	C9755	fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	21-999	F	Not a Benefit	Not a Benefit	\$514.56	\$514.56	100.00%

*Type of Service (TOS)	
2	Surgery
8	Assistant Surgery

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HCPCS ATTACHMENT 4 - CLINICAL DIAGNOSTIC LABORATORY SERVICES (proposed to be effective January 1, 2019)

TOS *	Procedure Code	Long Description **	Age Range	Clinical Laboratory		Sole Community		Department of State Health Services	
				Current Fee	Proposed Medicaid Fee	Current Fee	Proposed Medicaid Fee	Current Fee	Proposed Medicaid Fee
5	81163	**	0-999	Not a Benefit	\$393.12	Not a Benefit	\$406.22	Not a Benefit	\$468.00
5	81164	**	0-999	Not a Benefit	\$490.75	Not a Benefit	\$507.11	Not a Benefit	\$584.23
5	81165	**	0-999	Not a Benefit	\$237.62	Not a Benefit	\$245.54	Not a Benefit	\$282.88
5	81166	**	0-999	Not a Benefit	\$253.13	Not a Benefit	\$261.58	Not a Benefit	\$301.35
5	81167	**	0-999	Not a Benefit	\$237.62	Not a Benefit	\$245.54	Not a Benefit	\$282.88
5	81233	**	0-999	Not a Benefit	\$147.34	Not a Benefit	\$152.25	Not a Benefit	\$175.40
5	81237	**	0-999	Not a Benefit	\$147.34	Not a Benefit	\$152.25	Not a Benefit	\$175.40
5	82642	**	0-999	Not a Benefit	\$27.33	Not a Benefit	\$28.23	Not a Benefit	\$32.53
5	83722	**	0-999	Not a Benefit	\$29.45	Not a Benefit	\$30.43	Not a Benefit	\$35.06

*Type of Service (TOS)	
5	Clinical Laboratory Services

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HCPCS ATTACHMENT 5 Ambulatory Surgical Center/Hospital Ambulatory Surgical Center(proposed to be effective January 1, 2019)

TOS*	Procedure Code	Modifier	Long Description**	Age Range	CURRENT	PROPOSED	
					Current Medicaid Fee	Proposed Medicaid Group Number	Proposed Adjusted Medicaid Fee Effective 1/1/2019
F	10005		**	0-999	Not a Benefit	N/A	\$53.08
F	10007		**	0-999	Not a Benefit	N/A	\$163.28
F	10009		**	0-999	Not a Benefit	N/A	\$221.93
F	10011		**	0-999	Not a Benefit	N/A	\$221.93
F	11102		**	0-999	Not a Benefit	N/A	\$54.96
F	11104		**	0-999	Not a Benefit	N/A	\$67.59
F	11106		**	0-999	Not a Benefit	N/A	\$83.38
F	33285		**	0-999	Not a Benefit	9	\$1,081.33
F	33286		**	0-999	Not a Benefit	N/A	\$221.93
F	36572		**	0-999	Not a Benefit	N/A	\$237.50
F	36573		**	0-999	Not a Benefit	2	\$371.41
F	43762		**	0-999	Not a Benefit	N/A	\$88.65
F	43763		**	0-999	Not a Benefit	N/A	\$88.65
F	50436		**	0-999	Not a Benefit	4	\$524.68
F	50437		**	0-999	Not a Benefit	8	\$872.41
F	53854		**	0-999	Not a Benefit	4	\$524.68

***Type of Service (TOS)**

F	Ambulatory Surgical Centers/Hospital
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HCPCS ATTACHMENT 6 HOSPITAL OUTPATIENT RADIOLOGY (proposed to be effective January 1, 2019)

TOS*	Procedure code	Long Description **	Age Range	Current Fee	Proposed Medicaid Fee
4	76391	**	0-999	Not a Benefit	\$222.54
4	76978	**	0-999	Not a Benefit	\$201.74
4	76979	**	0-999	Not a Benefit	\$208.16
4	76981	**	0-999	Not a Benefit	\$101.58
4	76982	**	0-999	Not a Benefit	\$90.89
4	76983	**	0-999	Not a Benefit	\$55.80

*Type of Service (TOS)	
4	Radiology

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**HCPCS ATTACHMENT 7 RURAL HOSPITAL OUTPATIENT RADIOLOGY
(proposed to be effective January 1, 2019)**

TOS*	Procedure code	Long Description **	Age Range	Current Fee	Proposed Medicaid Fee
4	76391	**	0-999	Not a Benefit	\$148.02
4	76978	**	0-999	Not a Benefit	\$129.52
4	76979	**	0-999	Not a Benefit	\$310.88
4	76981	**	0-999	Not a Benefit	\$72.23
4	76982	**	0-999	Not a Benefit	\$72.23
4	76983	**	0-999	Not a Benefit	\$59.23

*Type of Service (TOS)	
4	Radiology

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HCPCS ATTACHMENT 8 - TOS 4-I-T - RADIOLOGY SERVICES (Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	76391	**	0-20	N/F	Not a Benefit	Not a Benefit	\$186.93	\$186.93	100.00%
4	76391	**	21-999	N/F	Not a Benefit	Not a Benefit	\$178.03	\$178.03	100.00%
I	76391	**	0-20	N/F	Not a Benefit	Not a Benefit	\$44.35	\$44.35	100.00%
I	76391	**	21-999	N/F	Not a Benefit	Not a Benefit	\$42.23	\$42.23	100.00%
T	76391	**	0-20	N/F	Not a Benefit	Not a Benefit	\$142.58	\$142.58	100.00%
T	76391	**	21-999	N/F	Not a Benefit	Not a Benefit	\$135.79	\$135.79	100.00%
4	76978	**	0-20	N/F	Not a Benefit	Not a Benefit	\$257.66	\$257.66	100.00%
4	76978	**	21-999	N/F	Not a Benefit	Not a Benefit	\$245.39	\$245.39	100.00%
I	76978	**	0-20	N/F	Not a Benefit	Not a Benefit	\$64.55	\$64.55	100.00%
I	76978	**	21-999	N/F	Not a Benefit	Not a Benefit	\$61.48	\$61.48	100.00%
T	76978	**	0-20	N/F	Not a Benefit	Not a Benefit	\$193.10	\$193.10	100.00%
T	76978	**	21-999	N/F	Not a Benefit	Not a Benefit	\$183.91	\$183.91	100.00%
4	76979	**	0-20	N/F	Not a Benefit	Not a Benefit	\$174.86	\$174.86	100.00%
4	76979	**	21-999	N/F	Not a Benefit	Not a Benefit	\$166.53	\$166.53	100.00%
I	76979	**	0-20	N/F	Not a Benefit	Not a Benefit	\$33.96	\$33.96	100.00%
I	76979	**	21-999	N/F	Not a Benefit	Not a Benefit	\$32.34	\$32.34	100.00%
T	76979	**	0-20	N/F	Not a Benefit	Not a Benefit	\$140.90	\$140.90	100.00%
T	76979	**	21-999	N/F	Not a Benefit	Not a Benefit	\$134.19	\$134.19	100.00%
4	76981	**	0-20	N/F	Not a Benefit	Not a Benefit	\$85.32	\$85.32	100.00%
4	76981	**	21-999	N/F	Not a Benefit	Not a Benefit	\$81.26	\$81.26	100.00%
I	76981	**	0-20	N/F	Not a Benefit	Not a Benefit	\$23.86	\$23.86	100.00%
I	76981	**	21-999	N/F	Not a Benefit	Not a Benefit	\$22.72	\$22.72	100.00%
T	76981	**	0-20	N/F	Not a Benefit	Not a Benefit	\$61.47	\$61.47	100.00%
T	76981	**	21-999	N/F	Not a Benefit	Not a Benefit	\$58.54	\$58.54	100.00%
4	76982	**	0-20	N/F	Not a Benefit	Not a Benefit	\$76.34	\$76.34	100.00%
4	76982	**	21-999	N/F	Not a Benefit	Not a Benefit	\$72.71	\$72.71	100.00%

HCPCS ATTACHMENT 8 - TOS 4-I-T - RADIOLOGY SERVICES (Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
I	76982	**	0-20	N/F	Not a Benefit	Not a Benefit	\$23.86	\$23.86	100.00%
I	76982	**	21-999	N/F	Not a Benefit	Not a Benefit	\$22.72	\$22.72	100.00%
T	76982	**	0-20	N/F	Not a Benefit	Not a Benefit	\$52.49	\$52.49	100.00%
T	76982	**	21-999	N/F	Not a Benefit	Not a Benefit	\$49.99	\$49.99	100.00%
4	76983	**	0-20	N/F	Not a Benefit	Not a Benefit	\$46.87	\$46.87	100.00%
4	76983	**	21-999	N/F	Not a Benefit	Not a Benefit	\$44.64	\$44.64	100.00%
I	76983	**	0-20	N/F	Not a Benefit	Not a Benefit	\$20.21	\$20.21	100.00%
I	76983	**	21-999	N/F	Not a Benefit	Not a Benefit	\$19.25	\$19.25	100.00%
T	76983	**	0-20	N/F	Not a Benefit	Not a Benefit	\$26.66	\$26.66	100.00%
T	76983	**	21-999	N/F	Not a Benefit	Not a Benefit	\$25.39	\$25.39	100.00%
4	77046	**	0-20	N/F	Not a Benefit	Not a Benefit	\$197.03	\$197.03	100.00%
4	77046	**	21-999	N/F	Not a Benefit	Not a Benefit	\$187.65	\$187.65	100.00%
I	77046	**	0-20	N/F	Not a Benefit	Not a Benefit	\$57.82	\$57.82	100.00%
I	77046	**	21-999	N/F	Not a Benefit	Not a Benefit	\$55.06	\$55.06	100.00%
T	77046	**	0-20	N/F	Not a Benefit	Not a Benefit	\$139.21	\$139.21	100.00%
T	77046	**	21-999	N/F	Not a Benefit	Not a Benefit	\$132.58	\$132.58	100.00%
4	77047	**	0-20	N/F	Not a Benefit	Not a Benefit	\$202.36	\$202.36	100.00%
4	77047	**	21-999	N/F	Not a Benefit	Not a Benefit	\$192.73	\$192.73	100.00%
I	77047	**	0-20	N/F	Not a Benefit	Not a Benefit	\$63.99	\$63.99	100.00%
I	77047	**	21-999	N/F	Not a Benefit	Not a Benefit	\$60.95	\$60.95	100.00%
T	77047	**	0-20	N/F	Not a Benefit	Not a Benefit	\$138.37	\$138.37	100.00%
T	77047	**	21-999	N/F	Not a Benefit	Not a Benefit	\$131.78	\$131.78	100.00%
4	77048	**	0-20	N/F	Not a Benefit	Not a Benefit	\$312.95	\$312.95	100.00%
4	77048	**	21-999	N/F	Not a Benefit	Not a Benefit	\$298.05	\$298.05	100.00%
I	77048	**	0-20	N/F	Not a Benefit	Not a Benefit	\$83.64	\$83.64	100.00%
I	77048	**	21-999	N/F	Not a Benefit	Not a Benefit	\$79.66	\$79.66	100.00%

HCPCS ATTACHMENT 8 - TOS 4-I-T - RADIOLOGY SERVICES (Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
T	77048	**	0-20	N/F	Not a Benefit	Not a Benefit	\$229.31	\$229.31	100.00%
T	77048	**	21-999	N/F	Not a Benefit	Not a Benefit	\$218.39	\$218.39	100.00%
4	77049	**	0-20	N/F	Not a Benefit	Not a Benefit	\$319.69	\$319.69	100.00%
4	77049	**	21-999	N/F	Not a Benefit	Not a Benefit	\$304.46	\$304.46	100.00%
I	77049	**	0-20	N/F	Not a Benefit	Not a Benefit	\$91.50	\$91.50	100.00%
I	77049	**	21-999	N/F	Not a Benefit	Not a Benefit	\$87.14	\$87.14	100.00%
T	77049	**	0-20	N/F	Not a Benefit	Not a Benefit	\$228.19	\$228.19	100.00%
T	77049	**	21-999	N/F	Not a Benefit	Not a Benefit	\$217.32	\$217.32	100.00%
4	77058	**	0-20	N/F	\$429.15	\$429.15	Not a Benefit	Not a Benefit	-100.00%
4	77058	**	21-999	N/F	\$408.71	\$408.71	Not a Benefit	Not a Benefit	-100.00%
I	77058	**	0-20	N/F	\$65.40	\$65.40	Not a Benefit	Not a Benefit	-100.00%
I	77058	**	21-999	N/F	\$62.28	\$62.28	Not a Benefit	Not a Benefit	-100.00%
T	77058	**	0-20	N/F	\$363.75	\$363.75	Not a Benefit	Not a Benefit	-100.00%
T	77058	**	21-999	N/F	\$346.43	\$346.43	Not a Benefit	Not a Benefit	-100.00%
4	77059	**	0-20	N/F	\$426.34	\$426.34	Not a Benefit	Not a Benefit	-100.00%
4	77059	**	21-999	N/F	\$406.04	\$406.04	Not a Benefit	Not a Benefit	-100.00%
I	77059	**	0-20	N/F	\$65.40	\$65.40	Not a Benefit	Not a Benefit	-100.00%
I	77059	**	21-999	N/F	\$62.28	\$62.28	Not a Benefit	Not a Benefit	-100.00%
T	77059	**	0-20	N/F	\$360.94	\$360.94	Not a Benefit	Not a Benefit	-100.00%
T	77059	**	21-999	N/F	\$343.75	\$343.75	Not a Benefit	Not a Benefit	-100.00%

HCPCS ATTACHMENT 8 - TOS 4-I-T - RADIOLOGY SERVICES (Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
*Type of Service (TOS)									
4		Radiology Services							
I		Professional Component							
T		Technical Component							

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HCPCS ATTACHMENT 9 - TOS 5-I-T - NONCLINICAL LABORATORY SERVICES (Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
5	95836	**	0-20	N/F	Not a Benefit	Not a Benefit	\$88.13	\$88.13	100.00%
5	95836	**	21-999	N/F	Not a Benefit	Not a Benefit	\$83.93	\$83.93	100.00%
5	95974	**	0-20	N	\$165.60	\$165.60	Not a Benefit	Not a Benefit	-100.00%
5	95974	**	0-20	F	\$131.64	\$131.64	Not a Benefit	Not a Benefit	-100.00%
5	95974	**	21-999	N	\$157.71	\$157.71	Not a Benefit	Not a Benefit	-100.00%
5	95974	**	21-999	F	\$125.37	\$125.37	Not a Benefit	Not a Benefit	-100.00%
5	95976	**	0-20	N	Not a Benefit	Not a Benefit	\$32.56	\$32.56	100.00%
5	95976	**	0-20	F	Not a Benefit	Not a Benefit	\$32.00	\$32.00	100.00%
5	95976	**	21-999	N	Not a Benefit	Not a Benefit	\$31.01	\$31.01	100.00%
5	95976	**	21-999	F	Not a Benefit	Not a Benefit	\$30.47	\$30.47	100.00%
5	95977	**	0-20	N	Not a Benefit	Not a Benefit	\$43.22	\$43.22	100.00%
5	95977	**	0-20	F	Not a Benefit	Not a Benefit	\$42.66	\$42.66	100.00%
5	95977	**	21-999	N	Not a Benefit	Not a Benefit	\$41.16	\$41.16	100.00%
5	95977	**	21-999	F	Not a Benefit	Not a Benefit	\$40.63	\$40.63	100.00%
5	95978	**	0-20	N	\$198.72	\$198.72	Not a Benefit	Not a Benefit	-100.00%
5	95978	**	0-20	F	\$154.09	\$154.09	Not a Benefit	Not a Benefit	-100.00%
5	95978	**	21-999	N	\$189.25	\$189.25	Not a Benefit	Not a Benefit	-100.00%
5	95978	**	21-999	F	\$146.75	\$146.75	Not a Benefit	Not a Benefit	-100.00%
5	95979	**	0-20	N	\$86.17	\$86.17	Not a Benefit	Not a Benefit	-100.00%
5	95979	**	0-20	F	\$71.85	\$71.85	Not a Benefit	Not a Benefit	-100.00%
5	95979	**	21-999	N	\$82.06	\$82.06	Not a Benefit	Not a Benefit	-100.00%
5	95979	**	21-999	F	\$68.43	\$68.43	Not a Benefit	Not a Benefit	-100.00%
5	95983	**	0-20	N	Not a Benefit	Not a Benefit	\$40.98	\$40.98	100.00%
5	95983	**	0-20	F	Not a Benefit	Not a Benefit	\$40.42	\$40.42	100.00%
5	95983	**	21-999	N	Not a Benefit	Not a Benefit	\$39.03	\$39.03	100.00%
5	95983	**	21-999	F	Not a Benefit	Not a Benefit	\$38.49	\$38.49	100.00%

HCPCS ATTACHMENT 9 - TOS 5-I-T - NONCLINICAL LABORATORY SERVICES (Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
5	95984	**	0-20	N	Not a Benefit	Not a Benefit	\$35.65	\$35.65	100.00%
5	95984	**	0-20	F	Not a Benefit	Not a Benefit	\$35.36	\$35.36	100.00%
5	95984	**	21-999	N	Not a Benefit	Not a Benefit	\$33.95	\$33.95	100.00%
5	95984	**	21-999	F	Not a Benefit	Not a Benefit	\$33.68	\$33.68	100.00%

*Type of Service (TOS)	
5	Nonclinical Laboratory Services
I	Professional Component
T	Technical Component

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HCPCS ATTACHMENT 10 - TOS 9-L - OTHER MEDICAL ITEMS OR SERVICES (Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Mod-ifier	Long Description	Age Range	Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	C9407		Iodine 1-131 Iobenguane, diagnostic, 1 millicurie	0-999	N/F	Not a Benefit	Not a Benefit	\$401.47	\$401.47	100.00%
9	E0447		portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)	0-999	N/F	Not a Benefit	Not a Benefit	\$36.00	\$36.00	100.00%
L	E0467		home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	0-999	N/F	Not a Benefit	Not a Benefit	\$805.73	\$805.73	100.00%

*Type of Service (TOS)	
9	Other Medical Items or Services
L	DME Rental-Monthly

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HCPCS ATTACHMENT 11 - TOS R - HEARING AIDS (Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
R	V5170	hearing aid, cros, in the ear	0-999	N/F	\$1,473.46	\$1,473.46	Not a Benefit	Not a Benefit	-100.00%
R	V5172	hearing aid, contralateral routing device, monaural, in the canal (itc)	0-999	N/F	Not a Benefit	Not a Benefit	\$2,334.90	\$2,334.90	100.00%
R	V5180	hearing aid, cros, behind the ear	0-999	N/F	\$1,448.04	\$1,448.04	Not a Benefit	Not a Benefit	-100.00%
R	V5181	hearing aid, contralateral routing device, monaural, behind the ear (bte)	0-999	N/F	Not a Benefit	Not a Benefit	\$1,448.04	\$1,448.04	100.00%
R	V5211	hearing aid, contralateral routing system, binaural, itc/ite	0-999	N/F	Not a Benefit	Not a Benefit	\$2,546.92	\$2,546.92	100.00%
R	V5212	hearing aid, contralateral routing system, binaural, itc/itc	0-999	N/F	Not a Benefit	Not a Benefit	\$2,546.92	\$2,546.92	100.00%
R	V5213	hearing aid, contralateral routing system, binaural, itc/bte	0-999	N/F	Not a Benefit	Not a Benefit	\$2,546.92	\$2,546.92	100.00%
R	V5214	hearing aid, contralateral routing system, binaural, itc/itc	0-999	N/F	Not a Benefit	Not a Benefit	\$2,563.32	\$2,563.32	100.00%
R	V5215	hearing aid, contralateral routing system, binaural, itc/bte	0-999	N/F	Not a Benefit	Not a Benefit	\$2,563.32	\$2,563.32	100.00%
R	V5221	hearing aid, contralateral routing system, binaural, bte/bte	0-999	N/F	Not a Benefit	Not a Benefit	\$2,496.08	\$2,496.08	100.00%

*Type of Service (TOS)	
R	Hearing Aids

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HCPCS ATTACHMENT 12 - TOS W - THSTEPS DENTAL/ORTHODONTIA (Proposed to be effective January 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D1515	**	0-999	N/F	\$237.50	\$232.75	Not a Benefit	Not a Benefit	-100.00%
W	D1516	**	0-999	N/F	Not a Benefit	Not a Benefit	\$232.75	\$232.75	100.00%
W	D1517	**	0-999	N/F	Not a Benefit	Not a Benefit	\$232.75	\$232.75	100.00%
W	D1525	**	0-999	N/F	\$106.25	\$104.13	Not a Benefit	Not a Benefit	-100.00%
W	D1526	**	0-999	N/F	Not a Benefit	Not a Benefit	\$104.13	\$104.13	100.00%
W	D1527	**	0-999	N/F	Not a Benefit	Not a Benefit	\$104.13	\$104.13	100.00%
W	D9940	**	0-999	N/F	\$113.47	\$113.47	Not a Benefit	Not a Benefit	-100.00%
W	D9944	**	0-20	N/F	Not a Benefit	Not a Benefit	\$113.47	\$113.47	100.00%

***Type of Service (TOS)**

W	Texas Health Steps (THSteps) Dental/Orthodontia
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