

CFR Attachment 13 - NDCX List - (Proposed to be effective March 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2021		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J0715	injection, ceftizoxime sodium, per 500 mg		0-999	N/F		\$5.14	\$5.14	Not a Benefit	Not a Benefit	-100.00%
1	J1840	injection, kanamycin sulfate, up to 500 mg		0-999	N/F		\$7.71	\$7.71	Not a Benefit	Not a Benefit	-100.00%
1	J1850	injection, kanamycin sulfate, up to 75 mg		0-999	N/F		\$1.16	\$1.16	Not a Benefit	Not a Benefit	-100.00%
1	J7665	mannitol, administered through an inhaler, 5 mg		0-999	N/F		\$0.64	\$0.64	Not a Benefit	Not a Benefit	-100.00%
1	J9212	injection, interferon alfacon-1, recombinant, 1 mcg		0-999	N/F		\$16.41	\$16.41	Not a Benefit	Not a Benefit	-100.00%
1	S0023	injection, cimetidine hcl, 300 mg		0-999	N/F		\$1.42	\$1.42	Not a Benefit	Not a Benefit	-100.00%
1	90650	**		9-18	N/F		\$142.27	\$142.27	Not a Benefit	Not a Benefit	-100.00%
1	90650	**	U1	9-18	N/F		\$142.27	\$142.27	Not a Benefit	Not a Benefit	-100.00%
1	90650	**		19-26	N/F		\$142.27	\$142.27	Not a Benefit	Not a Benefit	-100.00%
S	90650	**		9-18	N/F		\$142.27	\$142.27	Not a Benefit	Not a Benefit	-100.00%
S	90650	**	U1	9-18	N/F		\$142.27	\$142.27	Not a Benefit	Not a Benefit	-100.00%
S	90650	**		19-20	N/F		\$142.27	\$142.27	Not a Benefit	Not a Benefit	-100.00%

***Type of Service (TOS)**

1	Medical Services
S	THSteps Medical

Modifier	
U1	Vaccine (s) privately purchased by provider when Texas Vaccines for Childrens vaccine/toxoid is unavailable

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