

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION**

PROVIDER FINANCE DEPARTMENT

**Notice of Proposed Adjustments to Fees, Rates or
Charges for 2024 Annual Healthcare Common
Procedure Coding System (HCPCS)**

**Adjustments are proposed to be effective
January 1, 2024**

SUMMARY OF PROPOSED ADJUSTMENTS

To Be Effective January 1, 2024

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for 2024 Annual Healthcare Common Procedure Coding System (HCPCS). 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, 2024.

Hearing

The Texas Health and Human Services Commission (HHSC) will conduct a hearing to receive public comment on proposed Medicaid payment rates detailed in this document on February 5, 2024, at 9:00 a.m. The hearing will be held in compliance with Texas Human Resources Code §32.0282, which requires public notice of and hearings on proposed Medicaid reimbursements. 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.

This hearing will be conducted both in-person and as an online event. Members of the public may attend the rate hearing in person, which will be held in Public Hearing Rooms 1.401, 1.402, 1.403 and 1.404 in the North Austin Complex, 4601 W Guadalupe St, Austin, Texas.

Please register for HHSC Public Rate Hearing for Medicaid Reimbursement Rates on February 5, 2024, 9:00 AM CST at:

Registration URL:

<https://attendee.gotowebinar.com/register/2783374539315082845>

Webinar ID: 744-793-915

Conference Number (for those who use phone Audio and not a computer:
(631)-992-3221

Audio PIN: (Please note, in order to receive a PIN to speak, registration is required.)

After registering, you will receive a confirmation email containing information about joining the webinar.

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:

Provider Finance Acute Care Services
Texas Health and Human Services Commission
E-mail: PFDAcuteCare@hhs.texas.gov

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 specific administrative rules that govern the establishment of the fees in this proposal include these rules in the TAC:

- §355.8023, which addresses the reimbursement methodology for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS);
- §355.8061, which addresses Outpatient Hospital Reimbursement;
- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners;

- §355.8121, which addresses the reimbursement for Ambulatory Surgical Centers;
- §355.8610 - Reimbursement for Clinical Laboratory Services;
- §355.8441, which addresses the reimbursement methodologies for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services (known in Texas as Texas Health Steps); and
- §355.8660 – Reimbursement Methodology for Renal Dialysis Reimbursement.

Proposed Rate Adjustments

A summary of the methodologies used to determine the proposed fee-for-service Medicaid rates is listed 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

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

Annual HCPCS Att D(2) - TOS 1 Drugs

Annual HCPCS Att D(3) - TOS 1 Non-Drugs eff 1.1.2024

Annual HCPCS Att D(4) - TOS 2-8 Surgery and Assistant Surgery

Annual HCPCS Att D(5) - TOS 4-I-T

Annual HCPCS Att D(6) - TOS 5 Clinical Laboratory Services

Annual HCPCS Att D(7) - TOS 9-J-L Durable Medical Equipment

Annual HCPCS Att D(8) – TOS F Ambulatory Surgical Center

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: Provider Finance Department, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Provider Finance Department at (512) 730-7475; or by e-mail to PFDAcuteCare@hhs.texas.gov. In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Provider Finance Department, Mail Code H-400, North Austin Complex, 4601 W Guadalupe St, Austin, Texas 78751.

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

This public rate hearing briefing packet presents proposed payment rates and is distributed at HHSC public rate hearings and posted by the proposed effective date on the HHSC website at <https://pfd.hhs.texas.gov/rate-packets>. Proposed rates may or may not be adopted, depending on HHSC management decisions after review of public comments and additional information. Provider and public notification about adoption decisions are published on the Texas Medicaid and Healthcare Partnership (TMHP) website at <http://www.tmhp.com> in banner messages, bulletins, notices, and updates to the Texas Medicaid fee schedules. The fee schedules are available in static files or online lookup at <http://public.tmhp.com/FeeSchedules>.

Preferred Communication. For quickest response please use e-mail or phone, if possible, for communication with HHSC related to this rate hearing.

Persons with disabilities who wish to participate in the hearing and require auxiliary aids or services should contact Provider Finance at (512) 730-7401 at least 72 hours before the hearing so appropriate arrangements can be made.

HCPCS Att D(2) - Annual HCPCS TOS 1 (Drugs) eff. 1.1.2024

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		1/1/2024		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	C9161	Injection, aflibercept hd, 1 mg	0-999	N/F	\$352.41	\$352.41	\$352.41	\$352.41	0.00%
1	C9162	Injection, avacincaptad pegol, 0.1 mg	0-999	N/F	\$112.77	\$112.77	\$112.77	\$112.77	0.00%
1	C9164	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	0-999	N/F	\$735.69	\$735.69	\$735.69	\$735.69	0.00%
1	J0184	Injection, amisulpride, 1 mg	18-999	N	\$9.18	\$9.18	\$9.18	\$9.18	0.00%
1	J0217	Injection, velmanase alfa-tycv, 1 mg	0-999	N/F	\$429.60	\$429.60	\$451.08	\$451.08	5.00%
1	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	18-999	N/F	\$97,331.25	\$97,331.25	\$97,331.25	\$97,331.25	0.00%
1	J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	0-20	N/F	\$3,436,800.00	\$3,436,800.00	\$3,436,800.00	\$3,436,800.00	0.00%
1	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	0-999	N/F	\$1,041.78	\$1,041.78	\$1,041.78	\$1,041.78	0.00%
1	J9029	Injection, nadofaragene firadenovec-vncq, per therapeutic dose	18-999	N/F	\$18,000.00	\$18,000.00	\$18,000.00	\$18,000.00	0.00%
1	J9286	Injection, alofitamab-qxbm, 2.5 mg	18-999	N/F	\$2,707.93	\$2,707.93	\$2,707.93	\$2,707.93	0.00%
1	J9321	Injection, epcoritamab-bvsp, 0.16 mg	18-999	N/F	\$53.80	\$53.80	\$53.80	\$53.80	0.00%
1	90623	**	0-999	N/F	\$170.20	\$170.20	\$170.20	\$170.20	0.00%
S	90623	**	0-999	N/F	\$170.20	\$170.20	\$170.20	\$170.20	0.00%

*Type of Service (TOS)	
1	Medical Services
S	THSteps Medical

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HCPCS Att D(3) - Annual HCPCS TOS 1 (Non-Drugs) eff 1.1.2024

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N) / Facility (F)	CURRENT		1/1/2024		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	92622	**	0-20	N	\$66.52	\$66.52	\$66.52	\$66.52	0.00%
1	92622	**	0-20	F	\$55.01	\$55.01	\$55.01	\$55.01	0.00%
1	92622	**	21-999	N	\$63.35	\$63.35	\$63.35	\$63.35	0.00%
1	92622	**	21-999	F	\$52.39	\$52.39	\$52.39	\$52.39	0.00%
1	92623	**	0-20	N	\$17.12	\$17.12	\$17.12	\$17.12	0.00%
1	92623	**	0-20	F	\$14.59	\$14.59	\$14.59	\$14.59	0.00%
1	92623	**	21-999	N	\$16.31	\$16.31	\$16.31	\$16.31	0.00%
1	92623	**	21-999	F	\$13.90	\$13.90	\$13.90	\$13.90	0.00%
1	93150	**	0-20	N	\$83.92	\$83.92	\$83.92	\$83.92	0.00%
1	93150	**	0-20	F	\$35.36	\$35.36	\$35.36	\$35.36	0.00%
1	93150	**	21-999	N	\$79.92	\$79.92	\$79.92	\$79.92	0.00%
1	93150	**	21-999	F	\$33.68	\$33.68	\$33.68	\$33.68	0.00%
1	93151	**	0-20	N	\$73.26	\$73.26	\$73.26	\$73.26	0.00%
1	93151	**	0-20	F	\$33.40	\$33.40	\$33.40	\$33.40	0.00%
1	93151	**	21-999	N	\$69.77	\$69.77	\$69.77	\$69.77	0.00%
1	93151	**	21-999	F	\$31.81	\$31.81	\$31.81	\$31.81	0.00%
1	93153	**	0-20	N	\$43.50	\$43.50	\$43.50	\$43.50	0.00%
1	93153	**	0-20	F	\$17.96	\$17.96	\$17.96	\$17.96	0.00%
1	93153	**	21-999	N	\$41.43	\$41.43	\$41.43	\$41.43	0.00%
1	93153	**	21-999	F	\$17.11	\$17.11	\$17.11	\$17.11	0.00%

*Type of Service (TOS)	
1	Medical Services

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HCPCS Att D(4) - Annual HCPCS TOS 2-8 (Proposed to be effective January 1, 2024)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility	Provider Type/ Provider Specialty	CURRENT		1/1/2024		Percent Change from Current Medicaid
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	27278	***			0-20	N		\$10,231.90	\$10,231.90	\$10,231.90	\$10,231.90	0.00%
2	27278	***			0-20	F		\$393.78	\$393.78	\$393.78	\$393.78	0.00%
2	27278	***			21-999	N		\$9,744.60	\$9,744.60	\$9,744.60	\$9,744.60	0.00%
2	27278	***			21-999	F		\$375.03	\$375.03	\$375.03	\$375.03	0.00%
2	33276	***			0-20	N/F		\$478.55	\$478.55	\$478.55	\$478.55	0.00%
2	33276	***			21-999	N/F		\$455.76	\$455.76	\$455.76	\$455.76	0.00%
2	33277	***			0-20	N/F		\$250.36	\$250.36	\$250.36	\$250.36	0.00%
2	33277	***			21-999	N/F		\$238.44	\$238.44	\$238.44	\$238.44	0.00%
2	33278	***			0-20	N/F		\$476.30	\$476.30	\$476.30	\$476.30	0.00%
2	33278	***			21-999	N/F		\$453.62	\$453.62	\$453.62	\$453.62	0.00%
2	33279	***			0-20	N/F		\$287.97	\$287.97	\$287.97	\$287.97	0.00%
2	33279	***			21-999	N/F		\$274.25	\$274.25	\$274.25	\$274.25	0.00%
2	33280	***			0-20	N/F		\$173.17	\$173.17	\$173.17	\$173.17	0.00%
2	33280	***			21-999	N/F		\$164.93	\$164.93	\$164.93	\$164.93	0.00%
2	33281	***			0-20	N/F		\$311.27	\$311.27	\$311.27	\$311.27	0.00%
2	33281	***			21-999	N/F		\$296.44	\$296.44	\$296.44	\$296.44	0.00%
2	33287	***			0-20	N/F		\$321.09	\$321.09	\$321.09	\$321.09	0.00%
2	33287	***			21-999	N/F		\$305.80	\$305.80	\$305.80	\$305.80	0.00%
2	33288	***			0-20	N/F		\$423.25	\$423.25	\$423.25	\$423.25	0.00%
2	33288	***			21-999	N/F		\$403.10	\$403.10	\$403.10	\$403.10	0.00%
2	C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed			0-20	N		\$315.48	\$315.48	\$315.48	\$315.48	0.00%
2	C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed			0-20	F		\$165.04	\$165.04	\$165.04	\$165.04	0.00%
2	C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed			21-999	N		\$300.45	\$300.45	\$300.45	\$300.45	0.00%
2	C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed			21-999	F		\$157.18	\$157.18	\$157.18	\$157.18	0.00%
2	C7560	Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)			0-20	N/F		\$408.94	\$408.94	\$408.94	\$408.94	0.00%

HCPCS Att D(4) - Annual HCPCS TOS 2-8 (Proposed to be effective January 1, 2024)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility	Provider Type/ Provider Specialty	CURRENT		1/1/2024		Percent Change from Current Medicaid
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	C7560	Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)			21-999	N/F		\$389.46	\$389.46	\$389.46	\$389.46	0.00%

*Type of Service (TOS)	
2	Surgery

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HCPCS Attachment D(5) - Annual HCPCS TOS 4-I-T (Proposed to be effective January 1, 2024)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility	CURRENT		1/1/2024		Percent Change from Current Medicaid
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	75580	**			0-20	N/F	\$761.18	\$761.18	\$761.18	\$761.18	0.00%
4	75580	**			21-999	N/F	\$724.93	\$724.93	\$724.93	\$724.93	0.00%
I	75580	**			0-20	N/F	\$29.19	\$29.19	\$29.19	\$29.19	0.00%
I	75580	**			21-999	N/F	\$27.80	\$27.80	\$27.80	\$27.80	0.00%
T	75580	**			0-20	N/F	\$731.99	\$731.99	\$731.99	\$731.99	0.00%
T	75580	**			21-999	N/F	\$697.13	\$697.13	\$697.13	\$697.13	0.00%
I	76984	**			0-20	N/F	\$25.82	\$25.82	\$25.82	\$25.82	0.00%
I	76984	**			21-999	N/F	\$24.59	\$24.59	\$24.59	\$24.59	0.00%
I	76987	**			0-20	N/F	\$78.87	\$78.87	\$78.87	\$78.87	0.00%
I	76987	**			21-999	N/F	\$75.11	\$75.11	\$75.11	\$75.11	0.00%
I	76988	**			0-20	N/F	\$50.24	\$50.24	\$50.24	\$50.24	0.00%
I	76988	**			21-999	N/F	\$47.85	\$47.85	\$47.85	\$47.85	0.00%
I	76989	**			0-20	N/F	\$29.47	\$29.47	\$29.47	\$29.47	0.00%
I	76989	**			21-999	N/F	\$28.07	\$28.07	\$28.07	\$28.07	0.00%

*Type of Service (TOS)	
4	Radiology
I	Professional Component
T	Technical Component
Modifier	
Provider Type	

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TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/Facility (F)	CURRENT				1/1/2024				Percent Change from Current - Adjusted Non-State Clinical Lab Fee	Percent Change from Current - Adjusted Sole Community Lab Fee	Percent Change from Current - DSHS Clinical Lab Fee	Percent Change from Current - Rural Hospital and Sole Community Fee
						Current Non-State Clinical Lab Fee	Current Sole Community Lab Fee	Current DSHS Clinical Lab Fee	Current Rural Hospital and Sole Community Fee	Proposed Non-State Clinical Lab Fee	Proposed Sole Community Lab Fee	Proposed DSHS Clinical Lab Fee	Proposed Rural Hospital and Sole Community Fee				
5	81457	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$502.24	\$819.14	\$645.74	\$819.14	0%	0%	0%	0%
5	81458	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$502.24	\$819.14	\$645.74	\$819.14	0%	0%	0%	0%
5	81459	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$502.24	\$819.14	\$645.74	\$819.14	0%	0%	0%	0%
5	81462	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$502.24	\$819.14	\$645.74	\$819.14	0%	0%	0%	0%
5	81463	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$502.24	\$819.14	\$645.74	\$819.14	0%	0%	0%	0%
5	81464	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$502.24	\$819.14	\$645.74	\$819.14	0%	0%	0%	0%
5	82166	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$32.44	\$52.91	\$41.71	\$52.91	0%	0%	0%	0%
5	86041	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$15.46	\$25.21	\$19.87	\$25.21	0%	0%	0%	0%
5	86042	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$15.46	\$25.21	\$19.87	\$25.21	0%	0%	0%	0%
5	86043	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$10.12	\$16.51	\$13.01	\$16.51	0%	0%	0%	0%
5	86366	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$15.46	\$25.21	\$19.87	\$25.21	0%	0%	0%	0%
5	87523	**		0-999	N/F	\$502.24	\$819.14	\$645.74	\$819.14	\$35.99	\$58.69	\$46.27	\$58.69	0%	0%	0%	0%

*Type of Service (TOS)	
5	Laboratory

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HCPCS Attachment D(7) - Annual HCPCS TOS 9-J-L (Proposed to be effective January 1, 2024)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		1/1/2024		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4541	Monthly supplies for use of device coded at e0733			0-999	2		\$29.49	\$29.49	\$29.49	\$29.49	0.00%
L	E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve			0-999	2		\$35.79	\$35.79	\$35.79	\$35.79	0.00%
9	L3161	Foot, adductus positioning device, adjustable			0-999	2		\$76.91	\$76.91	\$76.91	\$76.91	0.00%
J	L3161	Foot, adductus positioning device, adjustable			0-999	2		\$76.91	\$76.91	\$76.91	\$76.91	0.00%
9	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type			0-999	2		\$591.01	\$591.01	\$591.01	\$591.01	0.00%

*Type of Service (TOS)	
9	Other Medical items or services
J	DME Purchase - New
L	DME Rental - Monthly
Place of Service	
2	Home

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HCPCS Attachment D(8) - TOS F (Proposed to be effective January 1, 2024)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility	Provider Type/ Provider Specialty	CURRENT		1/1/2024		Percent Change from Current Medicaid
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
F	27278	**			0-999	F	51,52	\$9,347.39	\$9,347.39	\$9,347.39	\$9,347.39	0.00%
F	33276	**			0-999	F	51,52	\$32,454.62	\$32,454.62	\$32,454.62	\$32,454.62	0.00%
F	33278	**			0-999	F	51,52	\$1,518.53	\$1,518.53	\$1,518.53	\$1,518.53	0.00%
F	33279	**			0-999	F	51,52	\$1,912.42	\$1,912.42	\$1,912.42	\$1,912.42	0.00%
F	33280	**			0-999	F	51,52	\$1,518.53	\$1,518.53	\$1,518.53	\$1,518.53	0.00%
F	33281	**			0-999	F	51,52	\$1,518.53	\$1,518.53	\$1,518.53	\$1,518.53	0.00%
F	33287	**			0-999	F	51,52	\$19,328.56	\$19,328.56	\$19,328.56	\$19,328.56	0.00%
F	33288	**			0-999	F	51,52	\$8,775.47	\$8,775.47	\$8,775.47	\$8,775.47	0.00%

*Type of Service (TOS)	
F	Ambulatory Surgical Center
RVU	Relative Value Unit
Provider Type	
51	Ambulatory Surgical Center Freestanding/ Independent
52	Ambulatory Surgical Center Hosptial Based

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