

**TEXAS HEALTH AND HUMAN SERVICES  
COMMISSION**

**PROVIDER FINANCE DEPARTMENT**

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

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

## **SUMMARY OF PROPOSED ADJUSTMENTS**

**To Be Effective March 1, 2024**

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for 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 March 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 November 14, 2023, 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.

Due to the declared state of disaster stemming from COVID-19, 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 November 14, 2023 9:00 AM CDT at:

<https://attendee.gotowebinar.com/register/44179910691418972>

Webinar ID

929-615-587

Telephone:

(562) 247-8422

Audio Pin: Shown after 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](mailto: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; and
- §355.8441, which addresses the reimbursement methodologies for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services (known in Texas as Texas Health Steps).

## **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:

HCPCS Att C(1) – Adult RSV Vaccines  
HCPCS Att C(2) – Q1 HCPCS Drugs  
HCPCS Att C(3) – Q1 HCPCS TOS 1 Non-Drugs  
HCPCS Att C(4) – Q1 HCPCS TOS 9-J-L  
HCPCS Att C(5) – Q2 HCPCS Drugs  
HCPCS Att C(6a) – Q2 HCPCS TOS 4-I-T  
HCPCS Att C(6b) – Q2 HCPCS TOS 4 - CT 23  
HCPCS Att C(6c) – Q2 HCPCS TOS 4 – Rural

### **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](mailto: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 C(1) - Adult RSV Vaccines (proposed to be effective March 1, 2024)

					Current		3/1/2024		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	Medicaid Fee	Adjusted Medicaid Fee	
1	90678	**	60-999	F	\$316.83	\$316.83	\$316.83	\$316.83	0.00%
1	90679	**	60-999	F	\$300.72	\$300.72	\$300.72	\$300.72	0.00%

*Type of Service (TOS)	
1	Medical Services
RVU	Relative Value Unit

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HCPCS Att C(2) - Q1 HCPCS Drugs (proposed to be effective March 1, 2024)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current		3/1/2024		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	
1	J0134	Injection, acetaminophen (fresenius kabi) not therapeutically equivalent to J0131, 10 mg	0-999	N/F	\$0.13	\$0.13	\$0.07	\$0.07	-46.15%
1	J0136	Injection, acetaminophen (b braun) not therapeutically equivalent to J0131, 10 mg	0-999	N/F	\$0.13	\$0.13	\$0.05	\$0.05	-61.54%
1	J0208	Injection, sodium thiosulfate, 100 mg	0-999	N/F	\$109.60	\$109.60	\$109.60	\$109.60	0.00%
1	J0218	Injection, olipudase alfa-rpcp, 1 mg	0-999	N/F	\$383.53	\$383.53	\$364.24	\$364.24	-5.03%
1	J1449	Injection, eflapegrastim-xnst, 0.1 mg	18-999	N/F	\$36.61	\$36.61	\$31.77	\$31.77	-13.22%
1	J1747	Injection, spesolimab-sbzo, 1 mg	18-999	N/F	\$61.02	\$61.02	\$57.95	\$57.95	-5.03%
1	J1954	Injection, leuprolide acetate for depot suspension (lutrate), 7.5 mg	0-999	N/F	\$542.03	\$542.03	\$425.48	\$425.48	-21.50%
1	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	0-999	N/F	\$292.13	\$292.13	\$277.44	\$277.44	-5.03%

\*Type of Service (TOS)

1 Medical Services

RVU Relative Value Unit

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**HCPCS C(3) - TOS 1 Non-Drugs (Proposed to be effective March 1, 2024)**

TOS*	Procedure Code	Long Description	Age Range	Facility (N)/ Facility (F)	CURRENT		3/1/2024		Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (when using g3002, 30 minutes must be met or exceeded.)	0-20	N	Not a Benefit	Not a Benefit	\$67.08	\$67.08	100.00%
1	G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (when using g3002, 30 minutes must be met or exceeded.)	0-20	F	Not a Benefit	Not a Benefit	\$60.91	\$60.91	100.00%
1	G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (when using g3002, 30 minutes must be met or exceeded.)	21-999	N	Not a Benefit	Not a Benefit	\$63.89	\$63.89	100.00%

**HCPCS C(3) - TOS 1 Non-Drugs (Proposed to be effective March 1, 2024)**

TOS*	Procedure Code	Long Description	Age Range	Facility (N)/ Facility (F)	CURRENT		3/1/2024		Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (when using g3002, 30 minutes must be met or exceeded.)	21-999	F	Not a Benefit	Not a Benefit	\$58.01	\$58.01	100.00%
1	G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for g3002. when using g3003, 15 minutes must be met or exceeded.)	0-20	N	Not a Benefit	Not a Benefit	\$24.42	\$24.42	100.00%
1	G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for g3002. when using g3003, 15 minutes must be met or exceeded.)	0-20	F	Not a Benefit	Not a Benefit	\$21.05	\$21.05	100.00%
1	G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for g3002. when using g3003, 15 minutes must be met or exceeded.)	21-999	N	Not a Benefit	Not a Benefit	\$23.26	\$23.26	100.00%
1	G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for g3002. when using g3003, 15 minutes must be met or exceeded.)	21-999	F	Not a Benefit	Not a Benefit	\$20.05	\$20.05	100.00%

**\*Type of Service (TOS)**

1 Medical Services

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**HPCPS Attachment C(4)- Q1 HPCPS TOS 9-J-L (Proposed to be effective March 1, 2024)**

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility	CURRENT		3/1/2024		Percent Change from Current Medicaid
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
J	A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only	0-999	N	Not a Benefit	Not a Benefit	\$892.88	\$892.88	100.00%
9	L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	0-999	N/F	Not a Benefit	Not a Benefit	\$13.82	\$13.82	100.00%

**\*Type of Service (TOS)**

9	Other Medical items or services
J	DME Purchase- New

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HCPCS Attachment C(5) - Q2 HCPCS Drugs (Proposed to be effective March 1, 2024)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		3/1/2024		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J0137	INJECTION, ACETAMINOPHEN (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J0131, 10 MG	0-999	N/F	\$0.08	\$0.08	\$0.08	\$0.08	0.00%
1	J0206	Injection, allopurinol sodium, 1 mg	0-999	N/F	\$5.81	\$5.81	\$5.81	\$5.81	0.00%
1	J0457	Injection, aztreonam, 100 mg	0-999	N/F	\$3.37	\$3.37	\$3.37	\$3.37	0.00%
1	J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	18-999	N/F	\$0.02	\$0.02	\$0.02	\$0.02	0.00%
1	J0736	Injection, clindamycin phosphate, 300 mg	0-999	N/F	\$1.61	\$1.61	\$1.61	\$1.61	0.00%
1	J0737	INJECTION, CLINDAMYCIN PHOSPHATE (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0736, 300 MG	0-999	N/F	\$0.15	\$0.15	\$0.15	\$0.15	0.00%
1	J1440	Fecal microbiota, live - jsln, 1 ml	18-999	N/F	\$64.44	\$64.44	\$61.20	\$61.20	-5.03%
1	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	0-999	N/F	\$65.74	\$65.74	\$65.74	\$65.74	0.00%
1	J1805	Injection, esmolol hydrochloride, 10 mg	18-999	N/F	\$0.25	\$0.25	\$0.25	\$0.25	0.00%
1	J1806	INJECTION, ESMOLOL HYDROCHLORIDE (WG CRITICAL CARE) NOT THERAPEUTICALLY EQUIVALENT TO J1805, 10 MG	18-999	N/F	\$0.49	\$0.49	\$0.49	\$0.49	0.00%
1	J1812	Insulin (fiasp), per 5 units	18-999	N/F	\$15.54	\$15.54	\$15.54	\$15.54	0.00%
1	J1814	Insulin (lyumjev), per 5 units	18-999	N/F	\$14.75	\$14.75	\$14.75	\$14.75	0.00%
1	J1836	Injection, metronidazole, 10 mg	0-999	N/F	\$0.02	\$0.02	\$0.02	\$0.02	0.00%
1	J1920	Injection, labetalol hydrochloride, 5 mg	0-999	N/F	\$0.24	\$0.24	\$0.24	\$0.24	0.00%
1	J1921	INJECTION, LABETALOL HYDROCHLORIDE (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J1820, 5 MG	0-999	N/F	\$1.24	\$1.24	\$1.24	\$1.24	0.00%
1	J1941	Injection, furosemide (furoscix), 20 mg	18-999	N/F	\$220.71	\$220.71	\$209.61	\$209.61	-5.03%
1	J1961	Injection, lenacapavir, 1 mg	18-999	N/F	\$22.59	\$22.59	\$21.46	\$21.46	-5.00%
1	J2249	Injection, remimazolam, 1 mg	18-999	N/F	\$2.11	\$2.11	\$2.11	\$2.11	0.00%
1	J2305	Injection, nitroglycerin, 5 mg	18-999	N/F	\$1.30	\$1.30	\$1.30	\$1.30	0.00%
1	J2329	Injection, ublituximab-ixiy, 1mg	18-999	N/F	\$70.41	\$70.41	\$66.87	\$66.87	-5.03%

**HCPCS Attachment C(5) - Q2 HCPCS Drugs (Proposed to be effective March 1, 2024)**

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		3/1/2024		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J2371	Injection, phenylephrine hydrochloride, 20 micrograms	0-999	N/F	\$0.01	\$0.01	\$0.01	\$0.01	0.00%
1	J2372	Injection, phenylephrine hydrochloride (biophen), 20 micrograms	0-999	N/F	\$0.19	\$0.19	\$0.19	\$0.19	0.00%
1	J2427	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	18-999	N/F	\$12.11	\$12.11	\$12.11	\$12.11	0.00%
1	J2561	Injection, phenobarbital sodium (sezaby), 1 mg	0-999	N/F	\$1.43	\$1.43	\$1.36	\$1.36	-4.90%
1	J2598	Injection, vasopressin, 1 unit	18-999	N/F	\$2.92	\$2.92	\$2.55	\$2.55	-12.67%
1	J2599	INJECTION, VASOPRESSIN (AMERICAN REAGENT) NOT THERAPEUTICALLY EQUIVALENT TO J2598, 1 UNIT	18-999	N/F	\$2.10	\$2.10	\$2.10	\$2.10	0.00%
1	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	0-999	N/F	\$1.75	\$1.75	\$1.75	\$1.75	0.00%
1	J9056	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG	0-999	N/F	\$33.33	\$33.33	\$33.33	\$33.33	0.00%
1	J9059	INJECTION, BENDAMUSTINE HYDROCHLORIDE (BAXTER), 1 MG	0-999	N/F	\$23.96	\$23.96	\$23.96	\$23.96	0.00%
1	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	18-999	N/F	\$65.80	\$65.80	\$65.80	\$65.80	0.00%
1	J9323	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	0-999	N/F	\$11.81	\$11.81	\$11.81	\$11.81	0.00%
1	J9347	Injection, tremelimumab-actl, 1 mg	18-999	N/F	\$136.56	\$136.56	\$136.56	\$136.56	0.00%
1	J9350	Injection, mosunetuzumab-axgb, 1 mg	18-999	N/F	\$712.87	\$712.87	\$712.87	\$712.87	0.00%
1	J9380	Injection, teclistamab-cqyv, 0.5 mg	18-999	N/F	\$30.94	\$30.94	\$30.94	\$30.94	0.00%
1	J9381	Injection, teplizumab-mzwv, 5 mcg	0-999	N/F	\$36.27	\$36.27	\$35.32	\$35.32	-2.62%
1	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	0-999	N/F	\$373.66	\$373.66	\$354.88	\$354.88	-5.03%

**\*Type of Service (TOS)**

1 Medical Services

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**HCPCS Attachment C(5) - Q2 HCPCS Drugs (Proposed to be effective March 1, 2024)**

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		3/1/2024		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	

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**HPCPS Attachment C(6a) - Q2 HPCPS TOS 4-I-T (Proposed to be effective March 1, 2024)**

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		3/1/2024		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	0-20	N/F	Not a Benefit	Not a Benefit	\$198.15	\$198.15	100.00%
4	C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	21-999	N/F	Not a Benefit	Not a Benefit	\$188.72	\$188.72	100.00%
I	C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	0-20	N/F	Not a Benefit	Not a Benefit	\$87.57	\$87.57	100.00%
I	C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	21-999	N/F	Not a Benefit	Not a Benefit	\$83.40	\$83.40	100.00%
T	C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	0-20	N	Not a Benefit	Not a Benefit	\$110.58	\$110.58	100.00%
T	C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	21-999	N	Not a Benefit	Not a Benefit	\$105.32	\$105.32	100.00%

**\*Type of Service (TOS)**

4	Radiology
I	Professional Component
T	Technical Component

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HCPCS Attachment C(6b) - Q2 HCPCS TOS 4 (CT 023) (Proposed to be effective March 1, 2024)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2024		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	C9786	echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	0-999	F	HOSP	Not A Benefit	Not A Benefit	\$99.81	\$99.81	100.00%

<b>*Type of Service (TOS)</b>	
4	Radiology
<b>Provider Type</b>	
HOSP	Hospital Facility Pricing

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HCPCS Attachment C(6c) - Q2 HCPCS TOS 4 (Rural) (Proposed to be effective March 1, 2024)

TOS*	Procedure Code	Long Description	Modifier Group	Age Range	Non-Facility (N)/ Facility	Provider Type/ Provider Specialty	CURRENT		3/1/2024		Percent Change from Current Medicaid
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	C9786	echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	RHMG	0-999	F	HOSP	Not a Benefit	Not a Benefit	\$125.76	\$125.76	100.00%

<b>*Type of Service (TOS)</b>	
4	Radiology
<b>Modifier Group</b>	
RHMG	Rural Hospital Modifier Group
<b>Provider Type / Provider Specialty</b>	
HOSP	Hospital Facility Pricing

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