

Texas Medicaid Fee Schedule
THSTEPS MEDICAL COMPARISON OF 2019 AND 2024 FEE SCHEDULE INFORMATION
by TDMR

Field Descriptions

- Proc Code:** The five-digit code for services and items defined in Current Procedure Terminology or the Healthcare Common Procedure Coding System.
- Client Age**
- Frm:** The "from age" is the beginning of an age range. If it is required for determining pricing. Some procedure codes have more than one pricing row. If the first row has a 0-999 age range, and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for the exact age limitations.
- Thru:** The "through age" is the end of an age range, if it is required for determining pricing. Some procedure codes have more than one pricing row. If the first row has a 0-999 age range, and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the TMPPM for exact age limitations.
- Client Age Units:** Medicaid rates are based on the client's age in days, months or years.
- Non-facility /Facility:** Non-Facility pricing is for services that are rendered in places of service other than an inpatient hospital or an outpatient hospital. Facility pricing is for services that are rendered in an inpatient hospital (place of service [POS] 3), or an outpatient hospital or ambulatory surgical center (POS 5).
- Total RVUs/Base Units:** The current relative value units (RVUs) for the procedure code, if the fee is a resource-based fee (RBF). The payable amount for RBFs is calculated by multiplying the total RVUs by the applicable conversion factor. For Anesthesia services only, this column shows the base units instead, and payment is based on the sum of the base units plus actual face-to-face time units multiplied by the applicable conversion factor.
- Conversion Factor:** The Texas Medicaid conversion factor that is applicable for determining the amount payable when the rate is calculated by base units for anesthesia services or RVUs for other services.
- Medicaid FE Fee:** The Medicaid allowed amount.
- Fee Effect Date:** The effective date of service for which the fee is payable.
- Adjust %:** A percentage reduction has been applied to the allowed fee for this service. This column shows the percent by which the fee was adjusted. Additional information about rate changes is available on the TMHP website at www.tmhp.com/pages/topics/rates.aspx.
- Adjusted Fee for Report Date:** A percentage reduction has been applied to the allowed fee for this service. This column does not show reductions that may have been applied using other criteria that include but are not limited to place of service, client type program, or provider specialty. Additional information about rate changes is available on the TMHP website at www.tmhp.com.

Proc Code	Client Age			Non-facility 2019						2024			Percentage Increase	Code Definition
	Frm	Thru	Units	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Fee Effect Date	Proc Code	Adjusted Fee for Report Date		
86580	0	20	Years	0.23	\$28.07	\$6.46	4-1-2017	0.00	\$6.46	9-1-2023	86580	\$8.42	30%	Skin test for tuberculosis.
90460	0	18	Years	0.00	\$0.00	\$7.84	4-1-2012	0.00	\$7.84	9-1-2022	90460	\$13.75	75%	Immunization administration through 18 years of age via any route of administration, with counseling by a physician or other qualified healthcare professional; first or only component of each vaccine or toxoid administered.
90471	0	20	Years	0.00	\$0.00	\$7.84	4-1-2012	0.00	\$7.84	9-1-2022	90471	\$13.75	75%	Immunization administration (e.g., intramuscular, intradermal, subcutaneous, or intranasal); one vaccine (single or combination vaccine/toxoid).
90472	0	20	Years	0.00	\$0.00	\$7.84	4-1-2012	0.00	\$7.84	9-1-2022	90472	\$10.38	32%	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure).
90473	0	20	Years	0.00	\$0.00	\$7.84	4-1-2012	0.00	\$7.84	9-1-2022	90473	\$13.75	75%	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid).
90474	0	20	Years	0.00	\$0.00	\$7.84	4-1-2012	0.00	\$7.84	9-1-2022	90474	\$10.38	32%	Each additional vaccine (single or combination vaccine/toxoid) administered by intranasal or oral route
96110	0	6	Years	0.29	\$28.07	\$8.14	4-1-2019	0.00	\$8.14	9-1-2023	96110	\$24.86	205%	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument.
96160	12	18	Years	0.09	\$28.07	\$2.53	7-1-2019	0.00	\$2.53	9-1-2023	96160	\$33.56	1226%	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument.
96161	12	18	Years	0.09	\$28.07	\$2.53	7-1-2019	0.00	\$2.53	3-1-2023	96161	\$162.01	6304%	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.
99381	0	11	Months	0.00	\$0.00	\$84.51	9-1-2007	-2.00	\$82.82	3-1-2023	96381	\$154.72	87%	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age under 1 year).
99382	1	4	Years	0.00	\$0.00	\$92.47	9-1-2007	-2.00	\$90.62	9-1-2023	99382	\$98.02	8%	... early childhood (age 1-4 years).
99383	5	11	Years	0.00	\$0.00	\$92.09	9-1-2007	-2.00	\$90.25	9-1-2023	99383	\$97.62	8%	... late childhood (age 5-11 years).
99384	12	17	Years	0.00	\$0.00	\$100.43	9-1-2007	-2.00	\$98.42	9-1-2023	99384	\$106.46	8%	... adolescent (age 12-17 years).
99385	18	20	Years	0.00	\$0.00	\$100.43	9-1-2007	-2.00	\$98.42	9-1-2023	99385	\$106.46	8%	... 18-39 years.
99391	0	11	Months	0.00	\$0.00	\$77.75	9-1-2013	-2.00	\$76.20	9-1-2023	99391	\$82.42	8%	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age under 1 year).
99392	1	4	Years	0.00	\$0.00	\$79.28	9-1-2013	0.00	\$79.28	9-1-2023	99392	\$84.04	6%	... early childhood (age 1-4 years).
99393	5	11	Years	0.00	\$0.00	\$84.72	9-1-2007	-2.00	\$83.03	9-1-2023	99393	\$89.80	8%	... late childhood (age 5-11 years).
99394	12	17	Years	0.00	\$0.00	\$92.40	9-1-2007	-2.00	\$90.55	9-1-2023	99394	\$97.94	8%	... adolescent (age 12-17 years).
99395	18	20	Years	0.00	\$0.00	\$92.40	9-1-2007	-2.00	\$90.55	9-1-2023	99395	\$97.94	8%	... 18-39 years.
99429	5	35	Months	0.00	\$0.00	\$34.16	9-1-2008	-2.00	\$33.48	9-1-2023	99429	\$36.21	8%	Unlisted preventive medicine service.
G8431	0	12	Months	0.00	\$0.00	\$10.49	7-1-2018	0.00	\$10.49	9-1-2022	G8431	\$14.43	38%	Documentation of current medications in the medical record.
G8510	0	12	Months	0.00	\$0.00	\$10.49	7-1-2018	0.00	\$10.49	9-1-2022	G8510	\$14.43	38%	Documentation of medical reason(s) for not prescribing oral beta-blocker therapy.
T1029	0	20	Years	0.00	\$0.00	\$729.55	7-1-2018	0.00	\$729.55	9-1-2022	T1029	\$703.25	-4%	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR, or IMD, part of the individual's written plan of care, not hands-on personal care.