Benefit Criteria to Change for PLS Drug Testing and Therapeutic Drug Assays for Texas Medicaid

Effective for dates of service on or after November 1, 2015, HHSC will implement benefit criteria changes for pathology and laboratory services-drug testing and therapeutic drug assays for Texas Medicaid.

Benefit changes will be applied to the following drug testing and therapeutic drug assays laboratory services procedure codes:

Procedure Codes	Benefit Changes
G0434	**Total component:** Services rendered in an office setting may be reimbursed to physicians, physician assistants, nurse practitioner and clinical nurse specialists, certified nurse midwife, and licensed midwives. Services rendered in an outpatient hospital setting may be reimbursed to hospital providers. Services rendered in an independent laboratory setting may be reimbursed to independent laboratory providers.

Note: The procedure code above does not require prior authorization.

Documentation Requirements:

All services are subject to retrospective review. Documentation in the client's medical record must be maintained by the physician and support the medical necessity for the services provided.

Providers are encouraged to reference the American Board of Internal Medicine (ABIM) Foundation's "Choosing Wisely" lists to determine appropriateness of laboratory tests.

Note: *All new and updated procedure codes and their associated reimbursement rates are proposed benefits pending a rate hearing and approval of expenditures. Providers will be notified when the rates and expenditures are approved.*