

Benefits for Brachytherapy Services to Change for Texas Medicaid

Effective for dates of services on or after November 1, 2015, HHSC will implement benefit changes for brachytherapy services for Texas Medicaid.

The professional and technical components of procedure codes 77321 and 77470 will be a benefit as follows:

Type of Service (TOS)	Place of Service	Provider Types
Professional Component (TOS I)	Office, outpatient hospital	Physician and radiation treatment center providers
	Inpatient hospital	Physician providers
Technical Component (TOS T)	Office	Physician and radiation treatment center providers
	Outpatient hospital	Radiation treatment center providers

Radiation treatment center and hospital providers will be added as payable provider types for the total component (TOS 6) of procedure codes 77321 and 77470 when services are performed in the outpatient hospital setting.

Procedure codes 77321 and 77470 are limited to once per two calendar months, but will no longer be age restricted.

Documentation that supports the provision of special procedures must be maintained in the client's medical record and made available upon request.

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.