

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
RATE ANALYSIS DEPARTMENT**

**Proposed Medicaid Payment Rates for
Biofeedback Services**

Payment rates are proposed to be effective April 1, 2011.

SUMMARY OF PROPOSED MEDICAID PAYMENT RATES

Effective April 1, 2011

Included in this document is information relating to the proposed Medicaid payment rate for Biofeedback services that are proposed to be effective April 1, 2011.

The Health and Human Services Commission (HHSC) is responsible for the reimbursement determination functions for the Texas Medicaid Program. The proposed rates were calculated in accordance with the reimbursement methodology rules in Title 1 of the Texas Administrative Code (1 TAC) §355.8085, which addresses the reimbursement methodology for physicians and other medical professionals, including medical services and surgery.

Reimbursements paid to providers for the procedure codes included in these rate actions are to be reduced by two percent. A one percent reimbursement reduction was implemented for services provided on and after September 1, 2010, in compliance with a plan approved in response to the January 15, 2010, letter from the Governor, Lieutenant Governor, and Speaker regarding the revision to the Spending Reduction Plan for the 2010-2011 Biennium submitted by HHSC. An additional one percent reimbursement reduction, for a total of a two percent reduction, began February 1, 2011, in response to the December 6, 2010, letter from the Governor, Lieutenant Governor, and Speaker.

HHSC will conduct a public hearing to receive comments regarding the proposed Medicaid payment rates on February 15, 2011, at 1:30 p.m. in the Lone Star Conference Room in Building H of the Braker Center, at 11209 Metric Boulevard, Austin, TX 78758-4021, with entrance through Security at the front of the building facing Metric Boulevard. HHSC will consider concerns expressed at the hearing prior to final rate approval. This public hearing is held in compliance with the provisions of Human Resources Code §32.0282 and 1 TAC §355.105(g), which require a public hearing on proposed payment rates.

PROPOSED RATES

TOS*	Procedure Code	Long Description	Age Range	Current Medicaid Fee	Proposed Medicaid RVU**	Proposed Medicaid Conversion Factor	Proposed Medicaid Fee
2	90901	**	0-20	Not a Benefit	1.12	\$28.640	\$32.08
2	90901	**	21-999	Not a Benefit	1.12	\$27.276	\$30.55
2	90911	**	0-20	Not a Benefit	2.43	\$28.640	\$69.60
2	90911	**	21-999	Not a Benefit	2.43	\$27.276	\$66.28

***Type of Service (TOS)**

2	Surgery
**RVU	Relative Value Unit

****Required Notice:** *The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2011 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.*

Should you have any questions regarding the information in this document, please contact:

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