

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

**Proposed Medicaid Payment Rates for Special Review  
of Adult Ophthalmological Services**

**Payment rates are proposed to be effective  
May 1, 2016**

## **SUMMARY OF PROPOSED MEDICAID PAYMENT RATES**

**Effective May 1, 2016**

Included in this document is information relating to the proposed Medicaid payment rates for Special Review of Rates for Adult Ophthalmological Services. The rates are proposed to be effective May 1, 2016.

### **Hearing**

The Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed Medicaid rates detailed in this document on May 11, 2016, at 1:30 p.m. in the Public Hearing Room in the Brown-Heatly Building at 4900 North Lamar Boulevard, Austin, Texas 78751, with entrance through Security at the front of the building facing Lamar 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 the Texas Administrative Code, Title 1 (1 TAC), §355.201, which require a public hearing on proposed payment rates. Should you have any questions regarding the information in this document, please contact:

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HHSC also will broadcast the public hearing; the broadcast can be accessed at <http://www.hhsc.state.tx.us/news/meetings.asp>. 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 were derived in accordance with 1 TAC §355.8085, which addresses the reimbursement methodology for physicians and other practitioners; and §355.8441,

which addresses the reimbursement methodology for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services (known in Texas as Texas Health Steps).

### **Proposed Rates**

The methodologies used to determine the proposed fee-for-service Medicaid rates are summarized 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).
- 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.

Proposed payment rates are listed in the attachments outlined below:

#### Special Rev Att – Adult Ophthalmological Services

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 <http://www.hhsc.state.tx.us/rad/rate-packets.shtml>. 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 fees schedules are available in static files or online lookup at <http://public.tmhp.com/FeeSchedules>.

**SPECIAL REVIEW ATTACHMENT - OPHTHALMOLOGICAL SERVICES (proposed to be effective May 1, 2016)**

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED	
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	92002	**	21-999	N	\$60.95	\$60.95	\$65.22	\$65.22
1	92002	**	21-999	F	\$36.09	\$36.09	\$37.96	\$37.96
1	92004	**	21-999	N	\$111.47	\$111.47	\$118.95	\$118.95
1	92004	**	21-999	F	\$75.11	\$75.11	\$78.59	\$78.59
1	92012	**	21-999	N	\$64.15	\$64.15	\$68.70	\$68.70
1	92012	**	21-999	F	\$39.56	\$39.56	\$41.70	\$41.70
1	92014	**	21-999	N	\$92.75	\$92.75	\$99.17	\$99.17
1	92014	**	21-999	F	\$60.14	\$60.14	\$63.08	\$63.08
1	92015	**	21-999	N	\$14.97	\$14.97	\$15.50	\$15.50
1	92015	**	21-999	F	\$14.70	\$14.70	\$14.97	\$14.97
1	92018	**	21-999	N/F	\$109.60	\$109.60	\$112.80	\$112.80
1	92019	**	21-999	N/F	\$54.26	\$54.26	\$54.80	\$54.80
1	92020	**	21-999	N	\$20.05	\$20.05	\$21.65	\$21.65
1	92020	**	21-999	F	\$15.77	\$15.77	\$16.84	\$16.84
1	92025	**	21-999	N	\$28.60	\$28.60	\$30.21	\$30.21
1	92060	**	21-999	N/F	\$48.92	\$48.92	\$52.39	\$52.39
1	92065	**	21-999	N	\$40.36	\$40.36	\$43.57	\$43.57
1	92081	**	21-999	N/F	\$25.66	\$25.66	\$27.53	\$27.53
1	92082	**	21-999	N/F	\$36.09	\$36.09	\$39.56	\$39.56
1	92083	**	21-999	N/F	\$48.38	\$48.38	\$52.39	\$52.39
1	92100	**	21-999	N	\$60.41	\$60.41	\$64.42	\$64.42
1	92100	**	21-999	F	\$25.66	\$25.66	\$26.46	\$26.46
1	92132	**	21-999	N/F	\$26.20	\$26.20	\$28.60	\$28.60
I	92132	**	21-999	F	\$14.43	\$14.43	\$15.50	\$15.50
T	92132	**	21-999	N	\$11.76	\$11.76	\$13.10	\$13.10
1	92133	**	21-999	N/F	\$33.15	\$33.15	\$35.55	\$35.55
I	92133	**	21-999	F	\$21.12	\$21.12	\$22.19	\$22.19
T	92133	**	21-999	N	\$12.03	\$12.03	\$13.37	\$13.37
1	92134	**	21-999	N/F	\$33.95	\$33.95	\$36.35	\$36.35
I	92134	**	21-999	F	\$21.65	\$21.65	\$22.72	\$22.72
T	92134	**	21-999	N	\$12.30	\$12.30	\$13.63	\$13.63
1	92136	**	21-999	N/F	\$67.90	\$67.90	\$73.24	\$73.24
1	92140	**	21-999	N	\$47.31	\$47.31	\$51.06	\$51.06
1	92140	**	21-999	F	\$20.05	\$20.05	\$20.85	\$20.85
1	92225	**	21-999	N	\$20.32	\$20.32	\$21.65	\$21.65
1	92225	**	21-999	F	\$16.04	\$16.04	\$17.11	\$17.11
1	92226	**	21-999	N	\$18.71	\$18.71	\$19.51	\$19.51
1	92226	**	21-999	F	\$14.43	\$14.43	\$14.97	\$14.97
1	92228	**	21-999	N/F	\$26.73	\$26.73	\$28.33	\$28.33
I	92228	**	21-999	F	\$16.31	\$16.31	\$16.84	\$16.84
T	92228	**	21-999	N	\$10.42	\$10.42	\$11.49	\$11.49
1	92230	**	21-999	N	\$43.57	\$43.57	\$47.05	\$47.05
1	92230	**	21-999	F	\$25.13	\$25.13	\$26.73	\$26.73
1	92235	**	21-999	N/F	\$82.60	\$82.60	\$89.01	\$89.01
1	92240	**	21-999	N/F	\$191.66	\$191.66	\$209.03	\$209.03

**SPECIAL REVIEW ATTACHMENT - OPHTHALMOLOGICAL SERVICES (proposed to be effective May 1, 2016)**

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED	
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	92250	**	21-999	N/F	\$59.34	\$59.34	\$63.89	\$63.89
1	92260	**	21-999	N	\$13.90	\$13.90	\$15.24	\$15.24
1	92260	**	21-999	F	\$8.29	\$8.29	\$8.82	\$8.82
1	92270	**	21-999	N/F	\$69.23	\$69.23	\$73.78	\$73.78
1	92275	**	21-999	N/F	\$110.40	\$110.40	\$129.91	\$129.91
1	92285	**	21-999	N/F	\$15.50	\$15.50	\$16.84	\$16.84
1	92286	**	21-999	N/F	\$28.87	\$28.87	\$30.47	\$30.47
1	92287	**	21-999	N/F	\$103.71	\$103.71	\$112.54	\$112.54
1	92310	**	21-999	N	\$72.17	\$72.17	\$75.65	\$75.65
1	92310	**	21-999	F	\$45.17	\$45.17	\$45.98	\$45.98
1	92311	**	21-999	N	\$75.91	\$75.91	\$82.86	\$82.86
1	92311	**	21-999	F	\$41.97	\$41.97	\$44.64	\$44.64
1	92312	**	21-999	N	\$88.48	\$88.48	\$93.02	\$93.02
1	92312	**	21-999	F	\$48.65	\$48.65	\$49.72	\$49.72
1	92313	**	21-999	N	\$73.24	\$73.24	\$81.80	\$81.80
1	92313	**	21-999	F	\$35.82	\$35.82	\$39.29	\$39.29
1	92314	**	21-999	N	\$60.14	\$60.14	\$63.35	\$63.35
1	92314	**	21-999	F	\$26.46	\$26.46	\$27.00	\$27.00
1	92315	**	21-999	N	\$54.80	\$54.80	\$66.56	\$66.56
1	92315	**	21-999	F	\$16.31	\$16.31	\$19.51	\$19.51
1	92316	**	21-999	N	\$68.96	\$68.96	\$87.94	\$87.94
1	92316	**	21-999	F	\$24.86	\$24.86	\$31.54	\$31.54
1	92317	**	21-999	N	\$57.20	\$57.20	\$61.75	\$61.75
1	92317	**	21-999	F	\$16.57	\$16.57	\$16.84	\$16.84
1	92325	**	21-999	N/F	\$31.81	\$31.81	\$33.95	\$33.95
1	92326	**	21-999	N/F	\$26.46	\$26.46	\$28.87	\$28.87

*Type of Service (TOS)	
1	Medical Services
I	Interpretation
T	Technical Compon

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