

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

**Proposed Medicaid Payment Rates for Annual 2016  
Healthcare Common Procedure Coding System  
(HCPCS) Updates:**

**(1) Clinical Diagnostic Laboratory Services - Drug  
Testing and Therapeutic Drug Assays**

**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 Annual Healthcare Common Procedure Coding System (HCPCS) Updates for Clinical Diagnostic Laboratory Services Drug Testing and Therapeutic Drug Assays. 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:

Leslie Cisneros, Hospital Rate Analysis  
Texas Health and Human Services Commission  
(512) 428-1962; FAX: (512) 730-7475  
E-mail: [leslie.cisneros@hhsc.state.tx.us](mailto:leslie.cisneros@hhsc.state.tx.us)

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 include these rules in 1 TAC §355.8610, which addresses the reimbursement

methodology for Clinical Laboratory Services.

### **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).
- Rate determination methodologies related to clinical laboratory services are addressed in §355.8610

Proposed payment rates are listed in the attachment outlined below:

Annual 2016 HCPCS Updates Att - Clin Diag Lab Svcs

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>.

**Annual 2016 HCPCS Update Att - CLINICAL DIAGNOSTIC LABORATORY FEES Drug Testing and Therapeutic Drug Assays - (proposed to be effective May 1, 2016)**

TOS *	Procedure Code	Long Description **	Age Range	Clinical Laboratory		Sole Community		Department of State Health Services	
				Current Fee	Proposed Medicaid Fee	Current Fee	Proposed Medicaid Fee	Current Fee	Proposed Medicaid Fee
5	G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	0-999	Not a Benefit	\$9.54	Not a Benefit	\$9.86	Not a Benefit	\$11.36
5	G0478	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	0-999	Not a Benefit	\$12.73	Not a Benefit	\$13.15	Not a Benefit	\$15.15
5	G0479	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service	0-999	Not a Benefit	\$50.90	Not a Benefit	\$52.60	Not a Benefit	\$60.60
5	G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed.	0-999	Not a Benefit	\$67.15	Not a Benefit	\$69.38	Not a Benefit	\$79.94
5	G0481	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed	0-999	Not a Benefit	\$103.31	Not a Benefit	\$106.76	Not a Benefit	\$122.99
5	G0482	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed	0-999	Not a Benefit	\$139.47	Not a Benefit	\$144.11	Not a Benefit	\$166.03
5	G0483	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed	0-999	Not a Benefit	\$180.79	Not a Benefit	\$186.82	Not a Benefit	\$215.23

**\*Type of Service (TOS)**

5	Clinical Laboratory Services
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