

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

**Proposed Medicaid Payment Rates for:
Birthing Center Services**

Payment rates are proposed to be effective September 1, 2010.

SUMMARY OF PROPOSED MEDICAID PAYMENT RATES

Effective September 1, 2010

Included in this document is information on the proposed Medicaid Payment Rates for Birthing Center Services that are proposed to be effective September 1, 2010.

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):

- §355.8081, which addresses payments for laboratory and x-ray services, radiation therapy, physical therapists' services, physician services, podiatry services, chiropractic services, optometric services, ambulance services, dentists' services, psychologists' services, licensed psychological associates' services, maternity clinic services, and tuberculosis clinic services; and
- §355.8085, which addresses the reimbursement methodology for physicians and certain other practitioners.

HHSC will conduct a public hearing to receive comments regarding the Medicaid proposed rates on August 17, 2010, 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

Type of Service*	Procedure Code	Long Description	Place of Service	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
1	99204	**	7	0-20	\$249.69	\$90.07
1	99204	**	7	21-999	\$245.04	\$81.24
1	99213	**	7	0-20	\$190.41	\$37.64
1	99213	**	7	21-999	\$188.58	\$33.95
2	59409	**	7	0-999	\$1,283.38	\$667.59
2	59410	**	7	0-999	\$1,361.82	\$746.03
P	99221	**	7	0-999	Not a Benefit	\$69.60
P	S4005	**	7	0-999	Not a Benefit	\$152.03
P	59409	**	7	0-999	Not a Benefit	\$546.19

***Type of Service**

1	Medical Services
2	Surgery
P	Birth Center Services

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

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