

CSHCN Services Program Reimbursement Rates Assigned for Some 2008 HCPCS Procedure Codes

The Children with Special Health Care Needs (CSHCN) Services Program has adopted the Texas Medicaid reimbursement rates for some 2008 annual Healthcare Common Procedure Coding System (HCPCS) procedure codes. The Texas Medicaid rates were adopted after a rate hearing held on March 18, 2008, and are effective June 1, 2008, for the CSHCN Services Program for dates of service on or after January 1, 2008. Claims submitted with any of the affected procedure codes will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary. The following rates were adopted by the CSHCN Services Program:

TOS*	Procedure Code	Reimbursement Rate
1	90769	\$120.29
1	90770	\$12.60
1	90771	\$53.56
1	90776	\$8.00
1	99367	\$40.10
1	99477	\$426.89
2	21073	\$265.21
2	22206	\$1,745.89
8	22206	\$279.24
2	22207	\$1,723.56
8	22207	\$275.80
2	22208	\$442.77
8	22208	\$70.74
2	24357	\$312.46
2	24358	\$369.17
2	24359	\$471.70
2	27268	\$377.48
2	27269	\$904.16
2	27416	\$707.69
8	27416	\$113.13
2	27726	\$667.60
8	27726	\$106.83
2	27767	\$184.73
2	27768	\$288.98
2	27769	\$502.06

2	28446	\$868.08
8	28446	\$138.90
2	29828	\$668.74
8	29828	\$107.11
2	29904	\$447.93
2	29905	\$482.30
2	29906	\$508.07
2	29907	\$623.49
8	29907	\$99.67
2	33257	\$457.95
8	33257	\$73.32
2	33258	\$517.81
8	33258	\$82.77
2	33259	\$679.34
8	33259	\$108.83
2	33864	\$2,487.10
8	33864	\$397.81
2	35523	\$1,012.71
8	35523	\$162.10
2	36591	\$15.75
2	49203	\$857.20
8	49203	\$137.19
2	49204	\$1,094.33
8	49204	\$174.99
2	49205	\$1,253.00
8	49205	\$200.48
2	49440	\$185.59
2	49441	\$202.48
2	49442	\$168.12
2	49446	\$132.89
2	49450	\$53.84
2	49451	\$74.18
2	49452	\$115.71
2	49460	\$37.80
2	50385	\$193.61
2	50386	\$146.35

2	50593	\$375.47
2	51100	\$31.50
2	51102	\$198.19
2	52649	\$790.18
2	57285	\$495.76
8	57285	\$79.33
2	57423	\$692.23
8	57423	\$110.84
2	58570	\$688.22
8	58570	\$109.98
2	58571	\$753.80
8	58571	\$120.57
2	58572	\$855.48
8	58572	\$136.90
2	58573	\$964.60
8	58573	\$154.37
2	67041	\$865.79
2	67042	\$991.52
2	67043	\$1,040.49
2	67113	\$1,142.16
2	67229	\$751.23
2	68816	\$455.66
4	75559	\$606.60
I	75559	\$123.72
T	75559	\$482.87
4	75560	\$596.86
I	75560	\$108.83
T	75560	\$488.03
4	75561	\$562.78
I	75561	\$107.40
T	75561	\$455.38
4	75562	\$591.70
I	75562	\$103.96
T	75562	\$487.74
4	75563	\$695.95
I	75563	\$128.59

T	75563	\$567.36
4	75564	\$695.67
I	75564	\$121.72
T	75564	\$573.95
4	93982	\$31.79
I	93982	\$10.31
T	93982	\$21.48

***Type of Service (TOS) Description Key:**
1 = medical services;
2 = surgery;
8 = assistant surgery;
4 = radiology total component;
I = radiology professional component;
T = radiology technical component

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.