



TEXAS MEDICAID FEE SCHEDULE -  
 COMPREHENSIVE CARE PROGRAM - PERSONAL CARE SERVICES

Provider Type	TOS	TOS Desc	Proc Code	Mod 1	Mod 2	Client Age			Non-facility							Facility							Last Pricing Review Date	Change Ind				
						Frm	Thru	Units	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes			Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %			Adjusted Fee for Report Date	Note Codes		
															1	2	3									1	2	3
HOME HEALTH AGENCY	1	MEDICAL SERVICES	T1019	U6		0	20	Years	0.00	\$0.0000	\$2.95	9/1/2015	0.00	\$2.95													9/1/2019	
HOME HEALTH AGENCY	1	MEDICAL SERVICES	T1019	U7		0	20	Years	0.00	\$0.0000	\$2.75	9/1/2015	0.00	\$2.75													9/1/2019	
HOME HEALTH AGENCY	1	MEDICAL SERVICES	T1019	U9		0	20	Years	0.00	\$0.0000	\$3.46	6/1/2015	0.00	\$3.46													9/1/2019	
HOME HEALTH AGENCY	1	MEDICAL SERVICES	T1019	UA		0	20	Years	0.00	\$0.0000	\$3.46	9/1/2011	0.00	\$3.46													9/1/2019	
HOME HEALTH AGENCY	1	MEDICAL SERVICES	T1019	UB		0	20	Years	0.00	\$0.0000	\$3.26	9/1/2011	0.00	\$3.26													9/1/2019	
HOME HEALTH AGENCY	1	MEDICAL SERVICES	T1019	UD		0	20	Years	0.00	\$0.0000	\$2.95	9/1/2015	0.00	\$2.95													9/1/2019	