Texas Medicaid Fee Schedule Information
IN HOME TOTAL PARENTERAL NUTRITION (TPN) SERVICES

This fee schedule is intended to be used by a variety of provider types and provider specialties. Some procedure codes might not apply to every provider type and provider specialty designated to use the fee schedule. For detailed benefits and limitations, providers should refer to the current year's Texas Medicaid Provider Procedures Manual and relevant issues of the Texas Medicaid Bulletin.

Field Descriptions

TOS: One-character type-of-service (TOS) code assigned to each procedure code for system administration.

TOS Desc: Description of the TOS.

Proc Code: The five-digit code for services and items defined in Current Procedure Terminology or the Healthcare Common Procedure Coding System.

Mod 1: 1st Modifier, if required for pricing determination.

Mod 2: 2nd Modifier, if required for pricing determination.

Client Age

Frm: The "from age" is the beginning of an age range, if it is required for determining pricing. Some procedure codes have more than one pricing row. If the first row has a 0-999 age range, and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for the exact age limitations.

Thru: The "through age" is the end of an age range, if it is required for determining pricing. Some procedure codes have more than one pricing row. If the first row has a 0-999 age range, and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the TMPPM for exact age limitations.

Client Age Units: Medicaid rates are based on the client's age in days, months or years.

Non-facility/Facility Non-Facility pricing is for services that are rendered in places of service other than an inpatient hospital or an outpatient hospital. Facility pricing is for services that are rendered in an inpatient hospital (place of service [POS] 3), or an outpatient hospital or ambulatory surgical center (POS 5).

Total RVUs/Base Units: The current relative value units (RVUs) for the procedure code, if the fee is a resource-based fee (RBF). The payable amount for RBFs is calculated by multiplying the total RVUs by the applicable conversion factor. For Anesthesia services only, this column shows the base units instead; and payment is based on the sum of the base units plus actual face-to-face time units multiplied by the applicable conversion factor.

Conversion Factor: The Texas Medicaid conversion factor that is applicable for determining the amount payable when the rate is calculated by base units for anesthesia services or RVUs for other services.

Medicaid Fee: The Medicaid allowed amount.

Fee Effect Date: The effective date of service for which the fee is payable.

Adjust %: A percentage reduction has been applied to the allowed fee for this service. This column shows the percent by which the fee was adjusted. Additional information about rate changes is available on the TMHP website at www.tmhp.com/pages/topics/rates.aspx.

Adjusted Fee for Report Date: A percentage reduction has been applied to the allowed fee for this service. This column does not show reductions that may have been applied using other criteria that include but are not limited to place of service, client type program, or provider specialty. Additional information about rate changes is available on the TMHP website at www.tmhp.com.

Note Codes: Note code indicator. Providers should review each note code to identify specific payment explanation or limitation. See Note Codes worksheet for applicable payment explanation or limitation.

Last Pricing Review Date: Medicaid rates are reviewed every two years or as necessary. This column shows the date on which the most recent review was conducted.

Change Ind: Indicator denoting that the Fee Schedule row has been added/updated since the last run. 'C' for change; blank for no changes.

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 1	2	3	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3		
9	OTHER MEDICAL ITEMS OR SERVICES	A4206			0	999	Years	0.00	$0.0000	$0.26	4/1/2019	0.00	$0.26													9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4207			0	999	Years	0.00	$0.0000	$0.29	7/1/2011	0.00	$0.29													9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4208			0	999	Years	0.00	$0.0000	$0.35	1/1/2015	0.00	$0.35													9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4209			0	999	Years	0.00	$0.0000	$0.40	7/1/2011	0.00	$0.40													9/1/2025	

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					Frm	Thru	Units	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3		
9	OTHER MEDICAL ITEMS OR SERVICES	A4215			0	999	Years	0.00	$0.0000	$0.23	4/1/2019	0.00	$0.23													9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4220			0	999	Years	0.00	$0.0000	$43.62	4/1/2019	0.00	$43.62													9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4245			0	999	Years	0.00	$0.0000	$1.88	4/1/2019	0.00	$1.88													9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4263			0	999	Years	0.00	$0.0000	$0.00	4/1/2019		$0.00	5			0.00	$0.0000	$0.00	4/1/2019		$0.00	5			9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4265			0	999	Years	0.00	$0.0000	$3.23	5/7/1999	0.00	$3.23				0.00	$0.0000	$3.23	5/7/1999	0.00	$3.23				9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4300			0	999	Years	0.00	$0.0000	$10.86	4/1/2017	0.00	$10.86													9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4558			0	999	Years	0.00	$0.0000	$2.61	4/1/2019	0.00	$2.61													9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4565			0	999	Years	0.00	$0.0000	$8.41	1/1/2015	0.00	$8.41				0.00	$0.0000	$8.41	1/1/2015	0.00	$8.41				9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4570			0	999	Years	0.00	$0.0000	$31.01	7/1/2011	0.00	$31.01				0.00	$0.0000	$31.01	7/1/2011	0.00	$31.01				9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4630			0	20	Years	0.00	$0.0000	$6.56	7/1/2011	0.00	$6.56	6												9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4640			0	999	Years	0.00	$0.0000	$45.89	4/1/2017	0.00	$45.89													9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4660			0	999	Years	0.00	$0.0000	$28.20	4/1/2019	0.00	$28.20													9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4663			0	999	Years	0.00	$0.0000	$25.76	4/1/2017	0.00	$25.76	HP			0.00	$0.0000	$25.76	4/1/2017	0.00	$25.76	HP			9/1/2025	

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TOS	TOS Desc	Proc Code	Mod 1	Mod 2	Client Age			Non-facility						Note Codes			Facility						Note Codes			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	1	2	3	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	1	2	3		
9	OTHER MEDICAL ITEMS OR SERVICES	A4670			0	999	Years	0.00	$0.0000	$62.30	4/1/2017	0.00	$62.30	HP												9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4680			0	20	Years	0.00	$0.0000	$182.74	4/1/2017	0.00	$182.74	6												9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4714			0	20	Years	0.00	$0.0000	$0.00	4/1/1990		$0.00	5	6											9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4730			0	20	Years	0.00	$0.0000	$0.00	4/1/1990		$0.00	5	6											9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4740			0	20	Years	0.00	$0.0000	$0.00	4/1/1990		$0.00	5	6											9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4750			0	999	Years	0.00	$0.0000	$0.00	12/1/2007		$0.00	5												9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4755			0	999	Years	0.00	$0.0000	$0.00	12/1/2007		$0.00	5												9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4760			0	20	Years	0.00	$0.0000	$0.00	4/1/1990		$0.00	5	6											9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4765			0	20	Years	0.00	$0.0000	$0.00	4/1/1990		$0.00	5	6											9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4774			0	999	Years	0.00	$0.0000	$0.00	12/1/2007		$0.00	5												9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4860			0	999	Years	0.00	$0.0000	$6.15	4/1/2017	0.00	$6.15													9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4913			0	999	Years	0.00	$0.0000	$0.00	1/1/1982		$0.00	5	6		0.00	$0.0000	$0.00	1/1/1982		$0.00	5	6		9/1/2025	
9	OTHER MEDICAL ITEMS OR SERVICES	A4918			0	999	Years	0.00	$0.0000	$0.00	12/1/2007		$0.00	5												9/1/2025	

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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 1	2	3	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3		
9	OTHER MEDICAL ITEMS OR SERVICES	B4034			0	999	Years	0.00	$0.0000	$6.11	1/1/2014	0.00	$6.11													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4036			0	999	Years	0.00	$0.0000	$8.00	1/1/2014	0.00	$8.00													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4081			0	999	Years	0.00	$0.0000	$21.61	1/1/2014	0.00	$21.61													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4082			0	999	Years	0.00	$0.0000	$16.07	1/1/2014	0.00	$16.07													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4083			0	999	Years	0.00	$0.0000	$2.47	1/1/2014	0.00	$2.47													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4164			0	999	Years	0.00	$0.0000	$19.10	1/1/2014	0.00	$19.10													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4168			0	999	Years	0.00	$0.0000	$27.85	1/1/2014	0.00	$27.85													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4172			0	999	Years	0.00	$0.0000	$33.46	9/1/2026	0.00	$33.46													9/1/2026	C
9	OTHER MEDICAL ITEMS OR SERVICES	B4176			0	999	Years	0.00	$0.0000	$53.89	1/1/2014	0.00	$53.89													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4178			0	999	Years	0.00	$0.0000	$64.69	1/1/2014	0.00	$64.69													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4180			0	999	Years	0.00	$0.0000	$27.42	1/1/2014	0.00	$27.42													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4185			0	999	Years	0.00	$0.0000	$12.63	1/1/2014	0.00	$12.63													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4187			0	18	Years	0.00	$0.0000	$10.16	1/1/2020	0.00	$10.16													9/1/2026	

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9	OTHER MEDICAL ITEMS OR SERVICES	B4189			0	999	Years	0.00	$0.0000	$199.85	1/1/2014	0.00	$199.85													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4193			0	999	Years	0.00	$0.0000	$258.24	1/1/2014	0.00	$258.24													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4197			0	999	Years	0.00	$0.0000	$314.40	1/1/2014	0.00	$314.40													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4199			0	999	Years	0.00	$0.0000	$359.25	1/1/2014	0.00	$359.25													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4216			0	999	Years	0.00	$0.0000	$8.68	1/1/2014	0.00	$8.68													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4220			0	999	Years	0.00	$0.0000	$9.00	1/1/2014	0.00	$9.00													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4222			0	999	Years	0.00	$0.0000	$11.10	1/1/2014	0.00	$11.10													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B4224			0	999	Years	0.00	$0.0000	$28.11	1/1/2014	0.00	$28.11													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B5000			0	999	Years	0.00	$0.0000	$13.37	1/1/2014	0.00	$13.37													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B5100			0	999	Years	0.00	$0.0000	$5.22	1/1/2014	0.00	$5.22													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B5200			0	999	Years	0.00	$0.0000	$3.04	1/1/2016	0.00	$3.04													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	B9999			0	999	Years	0.00	$0.0000	$0.00	10/1/2010		$0.00	5												9/1/2026	
1	MEDICAL SERVICES	J1265			0	999	Years										0.00	$0.0000	$0.80	9/1/2026	0.00	$0.80	9			9/1/2026	C
9	OTHER MEDICAL ITEMS OR SERVICES	L2270			0	20	Years	0.00	$0.0000	$31.98	2/1/1993	0.00	$31.98	6			0.00	$0.0000	$31.98	2/1/1993	0.00	$31.98	6			3/1/2026	

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9	OTHER MEDICAL ITEMS OR SERVICES	V2623			0	20	Years	0.00	$0.0000	$1,141.18	1/1/2016	0.00	$1,141.18	6													9/1/2026	
9	OTHER MEDICAL ITEMS OR SERVICES	V2624			0	20	Years	0.00	$0.0000	$48.89	9/1/2026	0.00	$48.89	6													9/1/2026	C
9	OTHER MEDICAL ITEMS OR SERVICES	V2625			0	20	Years	0.00	$0.0000	$234.81	9/1/2026	0.00	$234.81	6													9/1/2026	C
9	OTHER MEDICAL ITEMS OR SERVICES	V2626			0	20	Years	0.00	$0.0000	$162.84	9/1/2026	0.00	$162.84	6													9/1/2026	C
9	OTHER MEDICAL ITEMS OR SERVICES	V2628			0	20	Years	0.00	$0.0000	$230.61	9/1/2026	0.00	$230.61	6													9/1/2026	C

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Client Age Units: Medicaid rates are based on the client's age in days, months or years.

Purchase/Rental

Fee: The Medicaid allowed amount.

Fee Effect Date: The effective date of service for which the fee is payable.

Adjust%: A percentage reduction has been applied to the allowed fee for this service. This column shows the percent by which the fee was adjusted. Additional information about rate changes is available on the TMHP website at www.tmhp.com/pages/topics/rates.aspx.

Adjusted Fee for Report Date: A percentage reduction has been applied to the allowed fee for this service. This column does not show reductions that may have been applied using other criteria that include but are not limited to place of service, client type program, or provider specialty. Additional information about rate changes is available on the TMHP website at www.tmhp.com.

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Proc Code	Mod 1	Mod 2	Client Age			Purchase								Rental								Change Ind
			Frm	Thru	Units	Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3	Last Pricing Review Date	Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3	Last Pricing Review Date	
B9004			0	999	Years	$2,836.83	1/1/2014	0.00	$2,836.83				9/1/2026	$283.68	1/1/2018	0.00	$283.68				9/1/2026	
B9006			0	999	Years	$2,836.83	1/1/2014	0.00	$2,836.83				9/1/2026	$283.68	1/1/2018	0.00	$283.68				9/1/2026	
E0162			0	999	Years	$119.64	4/1/2013	0.00	$119.64				9/1/2026	$11.96	4/1/2015	0.00	$11.96				9/1/2026	
E0181			0	999	Years	$206.40	4/1/2017	0.00	$206.40				9/1/2026	$19.61	9/1/2026	0.00	$19.61				9/1/2026	C
E0182			0	999	Years									$20.64	4/1/2019	0.00	$20.64				9/1/2026	
E0210			0	999	Years	$24.09	4/1/2013	0.00	$24.09				9/1/2026									
E0225			0	999	Years									$37.01	4/1/2013	0.00	$37.01				9/1/2026	
E0235			0	999	Years	$166.70	4/1/2013	0.00	$166.70				9/1/2026	$16.67	4/1/2013	0.00	$16.67				9/1/2026	
E0236			0	999	Years	$427.43	4/1/2013	0.00	$427.43				9/1/2026									
E0250			0	999	Years	$883.21	4/1/2017	0.00	$883.21				9/1/2026									
E0325			0	999	Years									$0.76	4/1/2017	0.00	$0.76				9/1/2026	

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Proc Code	Mod 1	Mod 2	Client Age			Purchase								Rental								Change Ind
			Frm	Thru	Units	Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3	Last Pricing Review Date	Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3	Last Pricing Review Date	
E0550			0	999	Years	$455.33	9/1/2026	0.00	$455.33				9/1/2026	$42.74	4/1/2013	0.00	$42.74				9/1/2026	C
E0710			0	999	Years	$53.54	9/1/2026	0.00	$53.54				9/1/2026	$5.35	9/1/2026	0.00	$5.35				9/1/2026	C
E0776			0	999	Years	$96.85	4/1/2017	0.00	$96.85				9/1/2026	$9.69	4/1/2017	0.00	$9.69				9/1/2026	
E0781			0	999	Years	$2,106.90	4/1/2013	0.00	$2,106.90				9/1/2026	$210.69	4/1/2013	0.00	$210.69				9/1/2026	
E0791			0	999	Years	$2,325.83	9/1/2026	0.00	$2,325.83				9/1/2026	$228.48	4/1/2017	0.00	$228.48				9/1/2026	C
E0840			0	999	Years	$53.11	4/1/2013	0.00	$53.11				9/1/2026	$5.31	4/1/2015	0.00	$5.31				9/1/2026	
E0850			0	999	Years	$82.50	4/1/2013	0.00	$82.50				9/1/2026	$8.25	4/1/2015	0.00	$8.25				9/1/2026	
E0855			0	999	Years	$461.97	4/1/2013	0.00	$461.97				9/1/2026	$46.20	4/1/2015	0.00	$46.20				9/1/2026	
E0860			0	999	Years	$24.82	4/1/2013	0.00	$24.82				9/1/2026	$2.48	4/1/2015	0.00	$2.48				9/1/2026	
E0880			0	999	Years	$89.85	4/1/2013	0.00	$89.85				9/1/2026	$8.99	4/1/2015	0.00	$8.99				9/1/2026	
E0900			0	999	Years	$90.45	4/1/2013	0.00	$90.45				9/1/2026	$9.05	4/1/2015	0.00	$9.05				9/1/2026	
E0930			0	999	Years	$441.32	4/1/2013	0.00	$441.32				9/1/2026	$44.13	4/1/2013	0.00	$44.13				9/1/2026	
E0935			0	999	Years									$19.81	4/1/2013	0.00	$19.81				9/1/2026	
E0941			0	999	Years	$419.34	4/1/2013	0.00	$419.34				9/1/2026	$41.93	4/1/2013	0.00	$41.93				9/1/2026	
E1031			0	999	Years									$34.67	4/1/2017	0.00	$34.67				9/1/2026	
E1300			0	20	Years	$170.00	4/1/2017	0.00	$170.00	6			9/1/2026	$17.00	4/1/2017	0.00	$17.00	6			9/1/2026	
E1310			0	20	Years	$2,074.39	4/1/2013	0.00	$2,074.39	6			9/1/2026									
E1635			0	20	Years									$0.00	9/1/2026		$0.00	5	6		9/1/2026	C

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Note Code(s):

5 - This procedure is manually reviewed to determine pricing.

6 - This procedure is payable only through the CCP program.

9 - The NP/CNS/PA/CNM Provider Fee Schedule reflects 100 percent of the fee applicable to a physician.

HP - This is a Healthy Texas Women Plus procedure for clients eligible for HTW Plus effective 09/01/2020.

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